

## CHAPTER 3

**THE GENERAL HOSPITAL****3-1. Mission and Allocation**

The mission of this hospital is to provide stabilization and hospitalization for patients who require further evacuation out of the TO or who can RTD within the theater evacuation policy. The GH will normally be located in the COMMZ. The majority of patients will be received from the CZ by theater evacuation assets. It has a basis of allocation of 0.829 units per 1,000 admitted patients in the COMMZ. (Rule of thumb is two GHs per three divisions supported.)

**3-2. Assignment and Capabilities**

*a.* The GH is assigned to the HHC, MEDCOM, TOE 08611L000. The hospital may be further attached to the HHC, Medical Brigade, TOE 08422L000.

*b.* This facility provides hospitalization for up to 476 patients. It can be augmented with specialty surgical/medical teams to increase its capabilities. It may become a designated specialty center as the work load or mission dictates.

*c.* Surgical capacity is based on four ORs (eight operating tables) for a surgical capacity of 144 OR table hours per day.

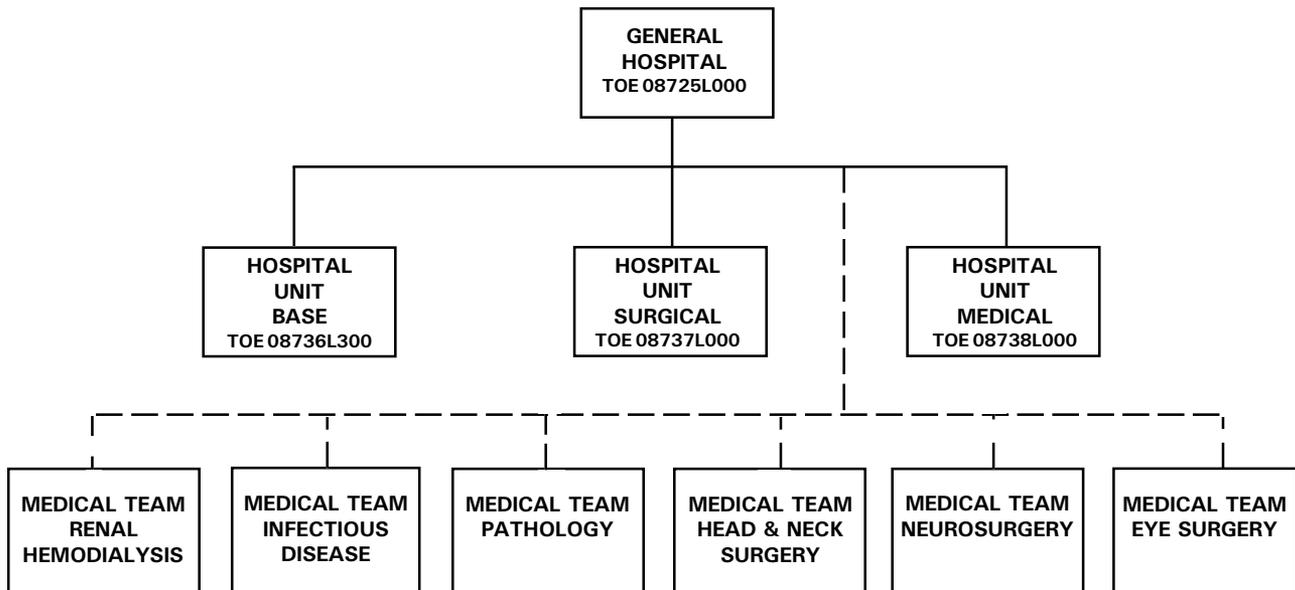
*d.* Other capabilities include—

- Consultation services for patients referred from other MTFs.
- Unit-level CHS for organic personnel only.
- Pharmacy, clinical laboratory, blood banking, radiology, and nutrition care services.
- Physical and occupational therapy support to patients.
- Medical administrative and logistical services to support work loads.
- Dental treatment to staff and patients and oral and maxillofacial surgery support for military personnel in the immediate area, plus patients referred by area CHS units.
- Augmentation and reconstitution of other hospitals.

**3-3. Hospital Organization and Functions**

The hospital includes a 236-bed HUB, 60-bed HUS, and a 180-bed HUM. Collectively, this modular-designed hospital has 8 wards providing intensive nursing care for up to 96 patients, 16 wards providing

intermediate nursing care for up to 320 patients, 1 ward providing NP care for up to 20 patients, and 2 wards providing minimal nursing care for up to 40 patients. Figures 3-1, 3-2, 3-3, and 3-4 (page 3-5) show the GH organization.



**NOTE:** DEPENDING UPON OPERATIONAL REQUIREMENTS, THE MEDICAL AND SURGICAL TEAMS MAY OR MAY NOT BE ATTACHED TO THE INDIVIDUAL CLINICAL ELEMENT OF THE GH.

*Figure 3-1. General hospital organization (TOE 08725L000).*

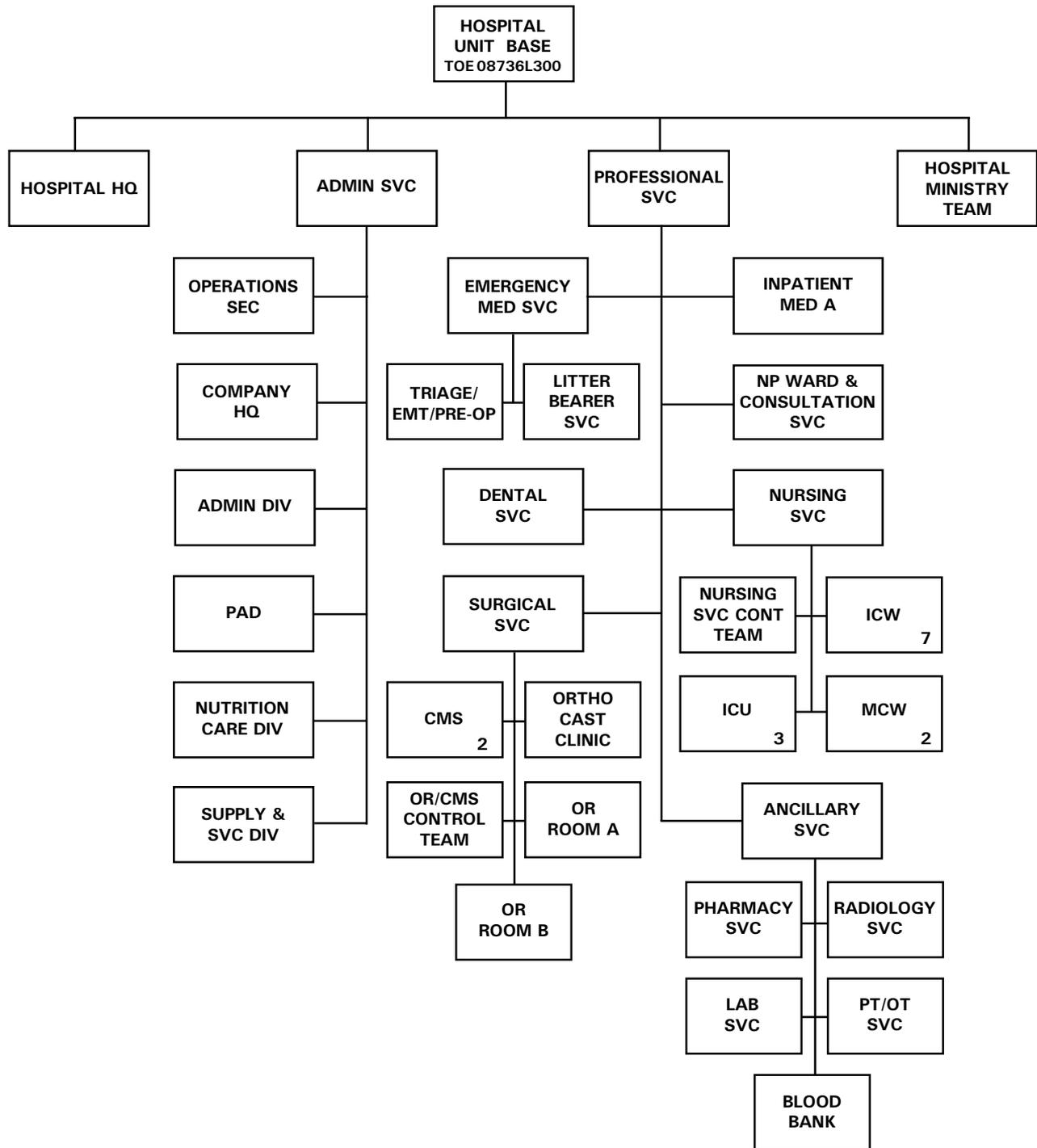


Figure 3-2. Hospital unit, base (TOE 08736L300).

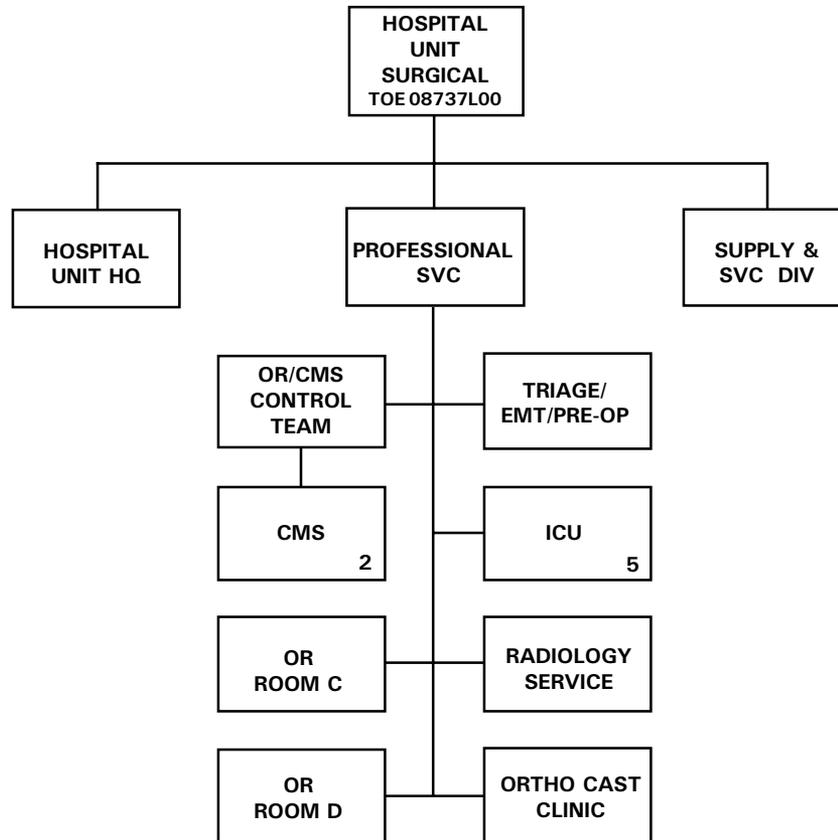


Figure 3-3. Hospital unit, surgical (TOE 08737L000).

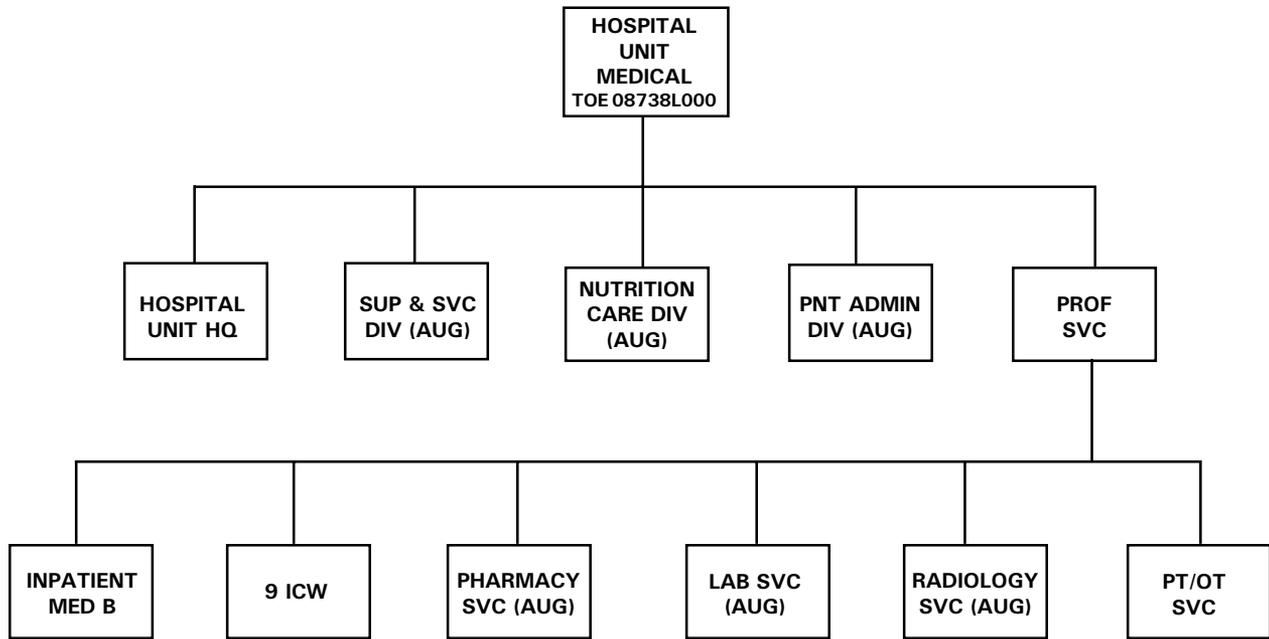


Figure 3-4. Hospital unit, medical (TOE 08738L000).

**3-4. The Hospital Unit, Base**

The HUB is an independent organization which includes all hospital services. It provides a solid infrastructure for the GH’s operations. The HUB contains the following sections:

*a. Hospital Headquarters Section.* This section provides internal C2 and management of all hospital services. Personnel of this section supervise and coordinate the surgical, nursing, medical, pastoral, and administrative services. Staffing includes the HUB commander, the chiefs of surgery, nursing, and medicine, an XO, a chaplain, a CSM, and an administrative specialist (Table 3-1). When the HUB, the HUS, and the HUM join to function as a GH, the HUB commander is the GH commander unless otherwise designated.

Table 3-1. Hospital Headquarters Organization

HOSPITAL HEADQUARTERS			
HOSPITAL COMMANDER	COL	60A00	MC
CHIEF, SURGICAL SERVICE	COL	61J00	MC
CHIEF, NURSING SERVICE	COL	66N00	AN
CHIEF, MEDICAL SERVICE	COL	61F00	MC
EXECUTIVE OFFICER	COL	67A00	MS
HOSPITAL CHAPLAIN	LTC	56A00	CH
COMMAND SERGEANT MAJOR	CSM	00Z50	NC
ADMINISTRATIVE SPECIALIST	SGT	71L20	NC

(1) *Hospital commander (60A00)*. Command and control is the process through which the activities of the hospital are directed, coordinated, and controlled to accomplish the mission. This process begins and ends with the commander. An effective commander must have a thorough knowledge and understanding of planning and implementing CHS (FM 8-55). He is decisive and provides specific guidance to his staff in the execution of the mission. The successful commander delegates authority and fosters an organizational climate of mutual trust, cooperation, and teamwork. He has the overall responsibility for coordination of CHS within the hospital's AO. Additionally, he is responsible for the structural layout of the hospital. He establishes and promotes safety, PVNTMED, and occupational health directives and policies to protect personnel and equipment under his command.

(2) *Chief, surgical service (61J00)*. The chief surgeon is the principal adviser to the hospital commander for surgical activities. He provides supervision and control over the surgical service to include the ORs. He prescribes courses of treatment and surgery for patients having injuries or disorders with surgical conditions and participates in surgical procedures as required. He coordinates and is responsible for all matters pertaining to the evaluation, management, and disposition of patients received by the section. He is responsible for the evaluation and training programs for his professional staff. He also functions as the Deputy Commander for Professional Services.

(3) *Chief, nursing service (66N00)*. The chief nurse is the principal adviser to the hospital commander for nursing activities. This officer plans, organizes, supervises, and directs nursing care practices and activities of the hospital. This officer is also responsible for the orientation and professional development programs for the nursing staff.

(4) *Chief, medical service (61F00)*. This officer is responsible for the examination, diagnoses, and treatment, or recommended course of management, for patients with medical illnesses. He controls the length of patient stay through continuous patient evaluation, early determination of disposition, or evacuation to the next echelon of care.

(5) *Executive officer (67A00)*. The hospital XO advises the commander on matters pertaining to health care delivery. He plans, directs, and coordinates administrative activities for the hospital. He provides guidance to the TOC staff in planning for future operations. He also functions as the Chief, Administrative Service.

(6) *Hospital chaplain (56A00)*. The chaplain functions as the staff officer for all matters in which religion impacts on command programs, personnel, policy, and procedures. He provides for the spiritual well-being and morale of patients and hospital personnel. He also provides religious services and pastoral counseling to soldiers in the AO.

(7) *Command sergeant major (00Z50)*. The CSM is the principal enlisted representative to the commander. He advises the commander and his staff on all matters pertaining to the welfare and morale of enlisted personnel in terms of assignment, reassignment, promotion, and discipline. The CSM provides counsel and guidance to NCOs and other enlisted personnel of the hospital. He is also responsible for the reception of newly assigned enlisted personnel into the unit. The CSM evaluates the implementation of individual soldier training on common soldier tasks and supervises the hospital's NCO professional development.

(8) *Administrative specialist (71L20)*. The administrative specialist performs typing, clerical, and administrative duties for the hospital headquarters. He proofreads correspondence for proper spelling, grammar, punctuation, format, and content accuracy. He establishes and maintains files, logs, and other statistical information for the command. He is the light-vehicle driver and radio operator for the command section.

*b. Hospital Operations Section.* This section is responsible for security, plans and operations, deployment, and relocation of the hospital. This section is also responsible for coordinating communication support requirements with the supporting signal element. The staff is composed of an operations officer, a plans officer, an operations NCO, an NBC NCO, and appropriate communications specialists (Table 3-2).

(1) *Medical operations officer (70H67)*. This officer is responsible to the XO for the S2/S3 functions of the hospital. He supervises all tactical operations conducted by the hospital, to include planning and relocation. He coordinates with the chief wardmaster and the utility operations and maintenance technician in the development of the hospital layout and submits recommendations to the hospital commander for approval. He is responsible for the formulation of the TSOP and the hospital planning factors (refer to Appendix A for an example TSOP format and Appendix B for an estimate of hospital planning factors).

(2) *Field medical assistant (70B67)*. This officer is responsible to the medical operations officer for planning and coordinating site selection and convoy operations during hospital deployment and relocation. He also functions as the OPSEC and COMSEC officer for the hospital. This position is accounted for by the field medical assistant (CPT, 70B67) in the HUS unit headquarters (paragraph 3-5a[3]) and is not included in the total authorizations for the hospital operations section. This HUS officer becomes the plans officer for the hospital operations section when the HUB, HUS, and HUM join to function as a GH.

## FM 8-10-15

(3) *Section chief (31U40)*. This NCO serves as the principal signal adviser to the hospital commander and medical operations officer on all communications matters. He is responsible to the medical operations officer and the field medical assistant for planning, supervising, coordinating, and providing technical assistance in the installation, operation, management, and operator-level maintenance of radio, field wire, and switchboard communications systems. He supervises all subordinate communications personnel.

(4) *Operations sergeant (91B40)*. The operations sergeant is responsible to the medical operations officer for physical security, to include the hospital defense plan; preparation of unit plans, OPORDs, and map overlays; and intelligence information and records. He also supervises the subordinate staff.

(5) *Nuclear, biological, and chemical noncommissioned officer (54B40)*. This NCO is the technical adviser to the hospital commander and operations officer on matters pertaining to NBC operations. He is responsible to the medical operations officer for planning, training, NBC decontamination (less patient), and other aspects of hospital NBC defensive operations.

(6) *Senior radio operator/maintainer (31C20)*. This individual is responsible to the section chief for the installation and operation of unit wire systems, associated equipment, and FM radios.

(7) *Senior switch systems operator/maintainer (31F20)*. This individual is responsible to the section chief for the installation, operation, and unit-level maintenance of switchboards and switching systems.

(8) *Radio operator/maintainer (31C10)*. These radio operators are responsible to the senior radio operator/maintainer for the installation, operation, and unit-level maintenance on single-channel radios, radio teletypewriters, and associated equipment.

(9) *Switch systems operator/maintainer (31F10)*. These operators are responsible to the senior switch systems operator/maintainer for the installation, operation, and unit-level maintenance on switchboards, switching assemblages, and associated communications equipment.

(10) *Signal support system specialist (31U10)*. This individual is responsible to the signal section chief for troubleshooting and assisting in wire installation for field telephones. He also provides technical assistance in the operation of the hospital FM radios and provides unit-level maintenance on the radios. He is the designated light-vehicle driver for the section.

(11) *Administrative specialist (71L10)*. This individual is responsible to the operations sergeant for general typing and administrative functions for the section.

(12) *Signal support systems specialist (31U10)*. This individual is responsible to the section chief for installing wire for field telephones and assisting in the operation of the hospital FM radios.

Table 3-2. Hospital Operations Section Organization

HOSPITAL OPERATIONS SECTION			
MEDICAL OPERATIONS OFFICER	MAJ	70H67	MS
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
SECTION CHIEF	SFC	31U40	NC
OPERATIONS SERGEANT	SFC	91B40	NC
NUCLEAR, BIOLOGICAL, AND CHEMICAL NCO	SFC	54B40	NC
SENIOR RADIO OPERATOR/MAINTAINER	SGT	31C20	NC
SENIOR SWITCH SYSTEMS OPERATOR/MAINTAINER	SGT	31F20	NC
RADIO OPERATOR/MAINTAINER	SPC	31C10	
SWITCH SYSTEMS OPERATOR/ MAINTAINER	SPC	31F10	
SIGNAL SUPPORT SYSTEMS SPECIALIST	SPC	31U10	
ADMINISTRATIVE SPECIALIST	SPC	71L10	
RADIO OPERATOR/MAINTAINER	PFC	31C10	
SWITCH SYSTEMS OPERATOR/ MAINTAINER	PFC	31F10	
SIGNAL SUPPORT SYSTEMS SPECIALIST	PFC	31U10	

c. *Company Headquarters.* This section is responsible for company-level command, duty rosters, weapons control, and general supply support. Staffing includes the company headquarters commander, the first sergeant, an armorer, and an administrative clerk (Table 3-3).

Table 3-3. Company Headquarters Organization

COMPANY HEADQUARTERS			
COMPANY COMMANDER	CPT	70B67	MS
FIRST SERGEANT	MSG	91B5M	NC
ARMORER	SPC	92Y10	
ADMINISTRATIVE CLERK	SPC	71L10	

(1) *Company commander (70B67)*. The company commander is responsible to the hospital commander for all activities in the company headquarters. He administers UCMJ actions for enlisted personnel. Additionally, he is responsible for planning and conducting common task training. When the HUB and HUS join to function as a GH, this officer functions as the commander of the medical holding detachment.

(2) *First sergeant (91B5M)*. The first sergeant is responsible to the company commander for enlisted matters. He also assists in supervising company administration and training activities. He provides guidance to the enlisted members of the company and represents them to the company commander. He also functions as the retention NCO.

(3) *Armorer (92Y10)*. The armorer’s primary duty is that of maintaining the weapons storage area, issuing and receiving small arms and ammunition, and performing small arms unit maintenance.

(4) *Administrative clerk (71L10)*. The administrative clerk is responsible to the first sergeant for providing the personnel and unit administration support for the company headquarters. His duties consist of general administration and personnel actions.

d. *Administrative Division*. This division provides overall administrative services for the hospital, to include personnel administration, mail distribution, awards and decorations, leaves, and typing support. The staff is composed of the hospital adjutant, personnel sergeant, personnel administrative sergeant, an administrative specialist, mail delivery clerks, and an administrative clerk (Table 3-4). This section coordinates with elements of TAACOM for finance, personnel, and administrative services.

Table 3-4. *Administrative Division Organization*

ADMINISTRATIVE DIVISION			
HOSPITAL ADJUTANT	CPT	70F67	MS
PERSONNEL SERGEANT	SFC	75Z40	NC
PERSONNEL ADMINISTRATIVE SERGEANT	SGT	75B20	NC
ADMINISTRATIVE SPECIALIST	SPC	71L10	
MAIL DELIVERY CLERK	PFC	71L10	(3)
ADMINISTRATIVE CLERK	PFC	71L10	

(1) *Hospital adjutant (70F67)*. This officer is responsible to the Chief, Administrative Service for the adjutant functions within the hospital. He also advises the commander and his staff in the area of personnel management for patients and staff.

(2) *Personnel sergeant (75Z40)*. The personnel sergeant is responsible to the adjutant for specific personnel functions which include personnel management, records, actions, and preparation of SIDPERS changes. He ensures coordination between the MEDCOM and/or medical brigade PAC and the hospital. He advises the hospital commander, adjutant, and other staff members on personnel administrative matters. He also supervises the activities of subordinate personnel.

(3) *Personnel administrative sergeant (75B20)*. This individual is responsible to the personnel sergeant for personnel and administrative functions for the hospital.

(4) *Administrative specialists (71L10)*. These specialists are responsible to the personnel sergeant for general typing and administrative functions for the division.

(5) *Mail delivery clerks (71L10)*. These mail delivery clerks are responsible to the personnel sergeant for establishing and operating the unit mail room. They also assist the personnel sergeant with personnel and clerical duties. They are the designated light-vehicle operators for the division.

*e. Patient Administration Division*. This division is responsible for patient accountability, medical records management, release of medical information, security of patient baggage and valuables, medical regulation, patient evacuation, decedent affairs, operation of TAMMIS for MEDPAR and MEDREG, and medical statistical reporting. The staff is composed of the patient administration officers, NCOs, and specialists (Table 3-5).

Table 3-5. *Patient Administration Division Organization*

PATIENT ADMINISTRATION DIVISION			
PATIENT ADMINISTRATION OFFICER	LTC	70E67	MS
PATIENT ADMINISTRATION OFFICER	CPT	70E67	MS
PATIENT ADMINISTRATION NCO	SFC	71G40	NC
PATIENT ADMINISTRATION NCO	SGT	71G20	NC (3)
PATIENT ADMINISTRATION SPECIALIST	SPC	71G10	(3)
PATIENT ADMINISTRATION SPECIALIST	PFC	71G10	(3)

(1) *Patient administration officer (70E67)*. As chief of the PAD, this officer is responsible to the hospital XO for planning, organizing, directing, and controlling the patient administration aspects of the hospital. He advises the commander on patient administration matters. He maintains close liaison with the chiefs of services, attending physicians, and chiefs of administrative sections and offices to ensure timely decisions on patient administration matters.

**FM 8-10-15**

(2) *Patient administration officer (70E67)*. This officer assists the chief, PAD, in developing plans and procedures for patient administration support, to include patient statistical reports and medical regulation of patient dispositions (refer to FM 8-10-6).

(3) *Patient administration noncommissioned officer (71G40)*. This NCO is responsible to the patient administration officer for patient administration and disposition procedures, inpatient records, and security of patients' personal effects. He works in concert with the supply sergeant to coordinate the return of the soldier to the replacement company. He also supervises the application of the TAMMIS for the MEDPAR System and for the MEDREG System.

(4) *Patient administration noncommissioned officers (71G20)*. These NCOs are responsible to the patient administration NCO for implementing the TAMMIS-MEDPAR and TAMMIS-MEDREG for the hospital. They process correspondence received for admissions and dispositions, medical regulating, decedent affairs, and medical information. These NCOs also assist in supervising subordinate specialists.

(5) *Patient administration specialists (71G10)*. These specialists are responsible for processing all admissions and dispositions, operating TAMMIS equipment, managing medical records, preparing statistical reports, conducting decedent operations, securing patient baggage and valuables, and preparing patients for evacuation.

*f. Nutrition Care Division*. This division is responsible for providing hospital nutrition services; meal preparation and distribution to patients and staff; dietetic planning; and supervision and control of overall operations. The hospital staff will be fed IAW the theater ration policy. The field medical feeding standard for hospitals is to prepare three hot meals per day plus nourishments and forced fluids using Medical B (or A) Rations. Meals, ready to eat are not authorized for patient use. Rations will be obtained from the supporting TAACOM element. Patient meals, nourishments, and forced fluids will be distributed to the wards three times per day; tube feedings are provided intermittently as patient's nutritional needs require. (Refer to FM 8-505, TM 8-500, and Appendix B of this manual.) The staff is composed of dietitians, hospital food service NCOs, and hospital food service specialists (Table 3-6).

*Table 3-6. Nutrition Care Division Organization*

<b>NUTRITION CARE DIVISION</b>			
CHIEF, NUTRITION CARE DIVISION	LTC	65C00	SP
DIETITIAN	LT	65C00	SP
HOSPITAL FOOD SERVICE NCO	MSG	91M50	NC
HOSPITAL FOOD SERVICE NCO	SSG	91M30	NC
HOSPITAL FOOD SERVICE NCO	SGT	91M20	NC (5)
HOSPITAL FOOD SERVICE SPECIALIST	SPC	91M10	(10)
HOSPITAL FOOD SERVICE SPECIALIST	PFC	91M10	(9)

(1) *Chief, Nutrition Care Division (65C00, ASI 8I)*. This officer is responsible to the Chief, Administrative Service for the operation of this division. He directs and supervises the operation of nutrition care services.

(2) *Dietitian (65C00, ASI 8I)*. This officer is responsible to the Chief, Nutrition Care Division for formulating policies, developing procedures, and assisting in supervising the operation of nutrition care. This officer also assists physicians in dietary management of patients.

(3) *Hospital food service noncommissioned officer (91M50)*. This NCO serves as the principal NCO for the Nutrition Care Division. He is responsible to the chief of the division for the implementation of policies and procedures and for supervision of subordinate personnel.

(4) *Hospital food service noncommissioned officer (91M30)*. This NCO is responsible to and serves as an assistant to the principal NCO in nutrition care operations. He implements and directs contingency and combat feeding plans.

(5) *Hospital food service noncommissioned officers (91M20)*. These sergeants are responsible to the principal NCO and assist with the clinical and administrative management of nutritional care programs.

(6) *Hospital food service specialists (91M10)*. These hospital food service specialists are responsible to the hospital food service NCOs for performing basic clinical dietetic functions in the dietary management and treatment of patients. They prepare, cook, and serve regular and modified food. They also perform light-vehicle operator/driver duties for the division, to include operator maintenance.

*g. Supply and Service Division*. This division provides logistics functions throughout the hospital, to include general and medical supplies and maintenance; blood management (see Appendix B, paragraph B-3f [this manual]); utilities such as water distribution, waste disposal, and environmental control of patient treatment areas; power and vehicle maintenance; equipment records and repair parts; fuel distribution; and transportation, to include ground and the coordination of air movement operations. The supply and services division requests resupply from the supporting MEDLOG battalion (rear) and TAACOM ASGs using whatever communication links are available and compatible with the TAMMIS-MEDSUP. Medical logistics and medical maintenance will be managed utilizing TAMMIS-MEDSUP and TAMMIS-MEDMNT. This division coordinates with TAACOM elements for MHE capable of moving DEPMEDS equipment, environmental control units, and power-distribution equipment for the hospital. This section coordinates with elements of the TAACOM ASGs and TAMCA for movement control, nonmedical supplies and equipment, and field services. This section will ensure each RTD soldier has or is issued one basic serviceable uniform and will also coordinate with the TAACOM and TA PERSCOM for the transportation of these soldiers to the replacement companies. Table 3-7 lists the staffing for this division.

(1) *Health service materiel officer (70K67)*. This officer is responsible to the XO. He plans, coordinates, and manages the entire logistics system for the hospital. Additionally, he controls and manages the budget for the hospital commander. He is also responsible for hospital field waste and safety procedures (refer to Appendixes C and D for examples of programs).

(2) *Health service materiel officer (70K67)*. This officer is responsible to the Chief, Supply and Service Division. He has primary responsibility for the medical supply area and functions as the supply officer for the hospital. This officer is also responsible for managing the controlled substances stored by the medical supply section.

Table 3-7. *Supply and Service Division Organization*

SUPPLY AND SERVICE DIVISION			
HEALTH SERVICE MATERIEL OFFICER	LTC	70K67	MS
HEALTH SERVICE MATERIEL OFFICER	MAJ	70K67	MS
UNIT MAINTENANCE OFFICER	W3	670A0	WO
UTILITY OPERATIONS AND MAINTENANCE TECHNICIAN	W2	210A0	WO
MEDICAL SUPPLY SERGEANT	MSG	76J50	NC
MOTOR SERGEANT	SFC	63B40	NC
SENIOR UTILITIES EQUIPMENT REPAIRER	SSG	52C30	NC
STOCK CONTROL SUPERVISOR	SSG	76J30	NC
MEDICAL STORAGE SUPERVISOR	SSG	76J30	NC
SUPPLY SERGEANT	SSG	92Y30	NC
UTILITIES EQUIPMENT REPAIRER	SGT	52C20	NC (2)
POWER-GENERATOR EQUIPMENT REPAIRER	SGT	52D20	NC
LIGHT-WHEELED VEHICLE MECHANIC	SGT	63B20	NC
QUARTERMASTER AND CHEMICAL EQUIPMENT REPAIRER	SGT	63J20	NC
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC
MEDICAL EQUIPMENT REPAIRER SERGEANT	SGT	91A20	NC
EQUIPMENT RECEIVER/PARTS SPECIALIST	SGT	92A20	NC
POWER-GENERATOR EQUIPMENT REPAIRER	SP	52D10	
UTILITIES EQUIPMENT REPAIRER	SPC	52C10	(2)
LIGHT-WHEELED VEHICLE MECHANIC	SPC	63B10	
MEDICAL SUPPLY SPECIALIST	SPC	76J10	(5)
PETROLEUM LIGHT VEHICLE OPERATOR	SPC	77F10	
MEDICAL EQUIPMENT REPAIRER	SPC	91A10	
SUPPLY SPECIALIST	SPC	92Y10	
UTILITIES EQUIPMENT REPAIRER	PFC	52C10	(3)
POWER-GENERATOR EQUIPMENT REPAIRER	PFC	52D10	
LIGHT-WHEELED VEHICLE MECHANIC	PFC	63B10	(2)
QUARTERMASTER AND CHEMICAL EQUIPMENT REPAIRER	PFC	63J10	
MEDICAL SUPPLY SPECIALIST	PFC	76J10	(6)
PETROLEUM LIGHT VEHICLE OPERATOR	PFC	77F10	(2)
MEDICAL EQUIPMENT REPAIRER	PFC	91A10	
EQUIPMENT RECEIVER/PARTS SPECIALIST	PFC	92A10	
SUPPLY SPECIALIST	PFC	92Y10	

(3) *Utility operations and maintenance technician (210A0)*. This warrant officer is responsible to the Chief, Supply and Service Division. He advises the command on the status, maintenance, and repairs of power-generator equipment. He supervises organizational maintenance of wheeled vehicles, associated support equipment, and power-generation equipment. He is responsible for the preparation of log books, maintenance records, and associated reports. He coordinates with the hospital operations section in the planning of the hospital layout.

(4) *Unit maintenance officer (670A0)*. This warrant officer is responsible to the Chief, Supply and Service Division. He supervises and assists in the installation and maintenance of hospital equipment. He serves as the technical consultant to all members of the hospital staff on medical maintenance matters. He also performs scheduled (preventive maintenance) and unscheduled (repair) services on medical and related equipment within his scope of responsibility. In addition, he supervises the operation of the TAMMIS-MEDMNT.

(5) *Medical supply sergeant (76J50)*. This NCO assists the division chief in the supervision of the Supply and Service Division, to include medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the Supply and Service Division.

(6) *Motor sergeant (63B40)*. This NCO is responsible to the utility operations and maintenance technician for unit maintenance on wheeled vehicles and MHE and the upkeep of hand and power tools. He supervises, trains, advises, and inspects subordinate personnel in the use of TAMMS, PLL, and automated systems output. He is also responsible for supervising the training and licensing of vehicle and equipment operators and ensuring their skills qualification.

(7) *Senior utilities equipment repairer (52C30)*. This NCO is responsible to the utility operations and maintenance technician for supervising and performing unit maintenance of utility equipment. He inspects the installation and condition of power-generation and distribution equipment systems.

(8) *Stock control supervisor (76J30)*. This NCO is responsible to the health service materiel officer (CPT) for stock and inventory management of Class VIII supplies. He conducts periodic and special inventories, updating inventory records accordingly. He operates the TAMMIS-MEDSUP for the hospital.

(9) *Medical storage supervisor (76J30)*. This NCO is responsible to the health service materiel officer (CPT) for supervising and planning hospital storage activities. He prepares and updates the warehouse planographs.

(10) *Supply sergeant (92Y30)*. The supply sergeant is responsible to the health service materiel officer (CPT) for the requisitioning, accountability, and issuing of general supplies and equipment for the hospital. He keeps the property book for the hospital on the TACCS, using the SPBS-R. He works in concert with the PAD and requests those minimum essential uniform items required (to include MOPP gear, if required) for RTD soldiers while in transit to the replacement company. He coordinates through PAD to the replacement company for transportation of RTD soldiers. The supply sergeant supervises the activities of the supply specialists (92Y10).

## FM 8-10-15

(11) *Utilities equipment repairers (52C20)*. These NCOs are responsible to the senior utilities equipment repairer for repair and maintenance of utilities-type equipment. They install heating, refrigeration, and air-conditioning equipment. They are also the light-vehicle operators for the section.

(12) *Power-generator equipment repairer (52D20)*. This NCO is responsible to the utility operations and maintenance technician for performing unit-level maintenance functions on power-generation equipment and associated items. He also supervises the subordinate power-generator equipment repairer.

(13) *Light-wheeled vehicle mechanic (63B20)*. This mechanic is responsible to the motor sergeant for those mechanical duties within his scope of responsibility. He also performs driver/operator duties.

(14) *Quartermaster and chemical equipment repairer (63J20)*. This NCO is responsible to the utility operations and maintenance technician for troubleshooting and repairing quartermaster and chemical equipment malfunctions.

(15) *Medical supply sergeant (76J20)*. This NCO performs medical supply duties and is responsible to the stock control supervisor. Also, he supervises the medical supply specialists assigned to his section.

(16) *Medical equipment repairer sergeant (91A20)*. This NCO is responsible to the unit maintenance officer for performing and supervising hospital medical maintenance operations. He is responsible for interpreting technical publications that apply to inspection, troubleshooting, maintenance, repair, calibration, and testing of medical equipment. He supervises subordinate medical equipment repairers.

(17) *Equipment receiver/parts specialist (92A20)*. This soldier is responsible to the utility operations and maintenance technician for maintaining equipment records and repair parts list and performing maintenance control duties. He also performs driver/operator duties.

(18) *Utilities equipment repairers (52C10)*. These repairers are responsible to the senior utilities equipment repairer for unit maintenance of refrigeration equipment, air-conditioning units, and gasoline engines used as prime movers of refrigeration units. They also perform vehicle operator duties.

(19) *Power-generator equipment repairer (52D10)*. This equipment repairer is responsible to the power-generator equipment repairer NCO for operator and unit maintenance of tactical utility and power-generation equipment and associated items.

(20) *Light-wheeled vehicle mechanic (63B10)*. These mechanics are responsible to the light-wheeled vehicle mechanic NCO for performing their designated duties.

(21) *Medical supply specialists (76J10)*. These specialists are responsible to the section NCO to which they are assigned. Assignment of these medical supply specialists to the stock control or medical storage sections will be as determined by the health service materiel officer (MAJ) and the medical supply sergeant (76J50). These supply specialists also perform vehicle operator duties.

(22) *Petroleum light-vehicle operator (77F10)*. These petroleum light-vehicle operators are responsible to the motor sergeant. They receive, store, account and care for, dispense, issue, and ship bulk and packaged POL supplies. They also operate and maintain the petroleum vehicle.

(23) *Medical equipment repairer (91A10)*. This repairer is responsible to the medical equipment repairer/supervisor for performing unit-level maintenance on assigned medical equipment. He also assists in training equipment operators in the performance of operator-level PMCS.

(24) *Supply specialist (92Y10)*. These supply specialists assist the supply sergeant in the accomplishment of his duties.

(25) *Utilities equipment repairers (52C10)*. These repairers are responsible to the senior utilities equipment repairer for unit maintenance of refrigeration equipment, air-conditioning units, and gasoline engines used as prime movers of refrigeration units. They also perform vehicle operator duties.

(26) *Power-generator equipment repairer (52D10)*. This equipment repairer is responsible to the power-generator equipment repairer NCO for operator and unit maintenance of tactical-utility and power-generation equipment and associated items.

(27) *Quartermaster and chemical equipment repairer (63J10)*. This equipment repairer is responsible to the quartermaster and chemical equipment repairer NCO for unit maintenance on quartermaster and chemical equipment.

(28) *Medical equipment repairer (91A10)*. This repairer is responsible to the medical equipment repairer sergeant for performing unit-level maintenance on assigned medical equipment. He also assists in training equipment operators in the performance of operator-level PMCS.

(29) *Equipment receiver/parts specialist (92A10)*. This specialist is responsible to the equipment receiver/parts NCO for maintaining equipment records and repair parts lists and performing maintenance control duties.

*h. Nursing Service Control Team.* This team is responsible to the Chief, Nursing Service for supervision of all nursing service personnel regardless of organizational placement. This team also provides daily patient reports to the chief nurse and PAD and is responsible for the standards of nursing practice and nursing care throughout the facility. The staff to provide this control is the assistant chief nurse, chiefs of the medical and surgical nursing services, chief and assistant chief wardmasters, and a respiratory NCO (Table 3-8).

(1) *Assistant chief nurse (66N00)*. The assistant chief nurse works in concert with the Chief, Nursing Service. This nurse plans, organizes, executes, and directs nursing care practices for the hospital.

(2) *Chiefs medical/surgical nursing service (66H00)*. These nurses are responsible to the head nurse for planning and implementing nursing care and treatment of medical-surgical patients. They provide direct supervision to subordinate nursing service personnel.

Table 3-8. Nursing Service Control Team Organization

NURSING SERVICE CONTROL TEAM			
ASSISTANT CHIEF NURSE	LTC	66N00	AN
CHIEF, MEDICAL NURSING SVC	LTC	66H00	AN
CHIEF, SURGICAL NURSING SVC	LTC	66H00	AN
CHIEF WARDMASTER	MSG	91C50	NC
ASSISTANT CHIEF WARDMASTER	MSG	91C50	NC
RESPIRATORY NCO	SFC	91V40	NC

(3) *Chief wardmaster (91C50)*. This master sergeant (MSG) manages and supervises enlisted personnel and assists in the planning and operation of nursing service. He coordinates with the operations section in planning the hospital layout. He is responsible to the chief nurse for the erection of the hospital clinical facilities.

(4) *Assistant chief wardmaster (91C50)*. This NCO assists the chief wardmaster in supervising enlisted personnel and in the operation of the nursing service.

(5) *Respiratory noncommissioned officer (91V40)*. Under the technical guidance of a physician, this NCO supervises respiratory activities within the nursing service.

*i. Triage/Preoperative/Emergency Medical Treatment*. This section provides for the receiving, triaging, and stabilizing of incoming patients. The staff will receive patients, assess their medical condition, provide EMT, and transfer them to the appropriate areas of the hospital. The staff monitors patient conditions and prepares those requiring immediate surgery for the OR. Sick call for organic staff is conducted by this section. Table 3-9 lists the staffing for this section.

(1) *Emergency physician (62A00)*. This physician is responsible to the Chief, Professional Services (or the designated chief of emergency medical services) for management and operations of this section. He examines, diagnoses, and treats or prescribes courses of treatment for the initial phase of diseases and injuries. This officer is the physician primarily responsible for triage.

(2) *Head nurse (66H00)*. This nurse manages the operations of the triage/preoperative/EMT section, to include staffing and supervising nursing personnel and developing nursing policies and procedures. He is also responsible for the standard of nursing care provided and assists in providing patient care.

(3) *Primary care physician (61H00)*. This physician provides care to patients in the areas of general medicine, OB/GYN, psychiatry, PVNTMED, pediatrics, and orthopedics. When the EMT/surgical patient load is heavy, this officer can assume the duties of triage and preoperative evaluation/care. This physician is advanced trauma life support trained.

Table 3-9. Triage/Preoperative/Emergency Medical Treatment Section Organization

TRIAGE/PREOPERATIVE/EMERGENCY MEDICAL TREATMENT			
EMERGENCY PHYSICIAN	MAJ	62A00	MC
HEAD NURSE	MAJ	66H00	AN
PRIMARY CARE PHYSICIAN	CPT	61H00	MC
EMERGENCY PHYSICIAN	CPT	62A00	MC
MEDICAL-SURGICAL NURSE	CPT	66H00	AN (2)
MEDICAL-SURGICAL NURSE	LT	66H00	AN
EMERGENCY TREATMENT NCO	SFC	91B40	NC
EMERGENCY TREATMENT NCO	SSG	91B30	NC (2)
EMERGENCY TREATMENT NCO	SGT	91B20	NC (3)
MEDICAL SPECIALIST	SGT	91B20	NC
MEDICAL SPECIALIST	SPC	91B10	(2)
MEDICAL SPECIALIST	PFC	91B10	(3)

(4) *Emergency physician (62A00)*. This physician examines, diagnoses, and treats or prescribes course of treatment for the initial phase of disease and for injuries.

(5) *Medical-surgical nurses (66H00)*. These nurses plan and implement nursing care under the supervision of the head nurse. They provide direct supervision to subordinate nursing service personnel.

(6) *Emergency treatment noncommissioned officer (91B40)*. This NCO is responsible to the senior nurse. He manages and supervises the enlisted nursing staff. He is also responsible for supplies and equipment.

(7) *Emergency treatment noncommissioned officers (91B30/91B20)*. These NCOs are supervised by the principal NCO. They perform direct patient care within their scope of practice and under professional supervision. They supervise subordinate enlisted nursing staff. The emergency treatment NCO (91B30) also performs radio operator duties for the section.

(8) *Medical specialists (91B10)*. Under professional supervision, these specialists are responsible for providing nursing care within their scope of practice.

j. *Operating Room/Central Materiel Service Control Team*. This team provides supervision of the OR and CMS. It is responsible for the scheduling of the nursing staff; preparing and maintaining the OR

and CMS; and maintaining surgical, anesthetic, and nursing standards within these areas. The OR/CMS control team is composed of an anesthesiologist, an OR clinical head nurse, an OR NCO, and a CMS specialist (Table 3-10).

Table 3-10. Operating Room/CMS Control Team Organization

OPERATING ROOM/CMS CONTROL TEAM			
ANESTHESIOLOGIST	LTC	60N00	MC
CLINICAL HEAD NURSE OR	LTC	66E00	AN
CHIEF OR NCO	SFC	91D40	NC
CMS SPECIALIST	SPC	91D10	

(1) *Anesthesiologist (60N00)*. This physician supervises team members and is responsible to the Chief, Surgical Service. He establishes the hospital’s anesthesiology program. He administers or supervises administration of anesthetics to patients in the multiple ORs.

(2) *Clinical head nurse operating room (66E00, ASI 8J)*. This officer is responsible to the chief nurse for the management of daily operations of the OR and CMS, to include scheduling and supervising the nursing staff. He coordinates with the Chief, Surgical Service in scheduling patient cases. He is responsible for the quality of nursing care provided. This officer holds ASI 8J as an infection control officer.

(3) *Chief operating room noncommissioned officer (91D40)*. This NCO is responsible to the head nurse for the supervision and management of the enlisted OR nursing staff. He also manages supplies and equipment.

(4) *Central materiel service specialist (91D10)*. This specialist is responsible to the clinical head nurse for supplies and equipment maintenance.

k. *Operating Room A*. This section provides general surgical services with two OR tables for a total of 36 hours of table time per day. The staff is composed of an otolaryngologist, general surgeons, OR nurses, nurse anesthetists, ENT NCO, OR NCO, and OR specialists (Table 3-11).

(1) *Otolaryngologist (60T00)*. This physician is responsible to the Chief, Surgical Service for Operating Room A. He examines, diagnoses, and treats or prescribes course of treatment for personnel suffering from diseases, injuries, or disorders of ENT. He performs surgery when required.

(2) *General surgeon (61J00)*. These physicians examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having injuries or disorders with surgical conditions.

Table 3-II. Operating Room A Organization

OPERATING ROOM A			
OTOLARYNGOLOGIST	MAJ	60T00	MC
GENERAL SURGEON	MAJ	61J00	MC (2)
OPERATING ROOM NURSE	MAJ	66E00	AN
OPERATING ROOM NURSE	CPT	66E00	AN
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (2)
ENT NCO	SSG	91B30	NC
OPERATING ROOM NCO	SSG	91D30	NC
OPERATING ROOM SPECIALIST	SGT	91D20	NC
OPERATING ROOM SPECIALIST	SPC	91D10	
OPERATING ROOM SPECIALIST	PFC	91D10	

(3) *Operating room nurses (66E00)*. The senior nurse is responsible to the clinical head nurse, OR, for all nursing activities of this section. The senior nurse is also responsible for the supervision of the enlisted OR staff. These two OR nurses perform nursing duties in any phase of the operative process for patients undergoing surgery. They ensure safe supplies and equipment are available for all operative services.

(4) *Clinical nurses, anesthetist (66F00)*. These two anesthetists perform, in consultation with an anesthesiologist or other physician anesthesia, nursing duties for patients requiring anesthesia for surgical or diagnostic procedures, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. They provide preanesthetic evaluation/therapy, administers all types of anesthetic techniques, to include monitored anesthesia care, local, regional, and general anesthesia, and perform postanesthesia evaluation/therapy.

(5) *Ear, nose, and throat noncommissioned officer (91B30, ASI P2)*. This NCO works under the supervision of the otolaryngologist. He provides treatment to ENT patients as directed. He holds ASI P2, ENT specialty.

(6) *Operating room noncommissioned officer (91D30)*. This NCO is responsible to the chief, OR nurse for supplies, equipment maintenance, and supervision of enlisted nursing staff.

(7) *Operating room specialists (91D20/91D10)*. These specialists provide patient care within their scope of practice under professional supervision.

*l. Operating Room B.* This section provides orthopedic surgical service with two OR tables for a total of 36 hours of table time per day. The staff is composed of orthopedic surgeons, OR nurses, nurse anesthetists, an OR NCO, and OR specialists (Table 3-12). This OR may be used by the oral surgeon in performing oral and maxillofacial surgery.

*Table 3-12. Operating Room B Organization*

OPERATING ROOM B			
ORTHOPEDIC SURGEON	MAJ	61M00	MC (2)
OPERATING ROOM NURSE	CPT	66E00	AN (2)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (2)
OPERATING ROOM NCO	SSG	91D30	NC
OPERATING ROOM SPECIALIST	SGT	91D20	NC
OPERATING ROOM SPECIALIST	SPC	91D10	
OPERATING ROOM SPECIALIST	PFC	91D10	

(1) *Orthopedic surgeons (61M00).* The senior physician is responsible to the Chief, Surgical Service for operation of the OR. The physicians examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having disorders, malfunctions, diseases, and/or injuries of the musculoskeletal system.

(2) *Remaining staff.* The duties and responsibilities of the remaining OR B staff are the same as the corresponding staff identified in paragraph 3-4k. The OR specialist (91D10) is the designated vehicle operator for this section.

*m. Orthopedic Cast Clinic.* This section is responsible to the senior orthopedic surgeon for casting, splinting, and traction services for the hospital. The staffing is composed of an orthopedic NCO, an orthopedic sergeant, and an orthopedic specialist (Table 3-13). Each staff member holds the ASI P1, orthopedic specialty.

*Table 3-13. Orthopedic Cast Clinic Organization*

ORTHOPEDIC CAST CLINIC			
ORTHOPEDIC NCO	SSG	91B30	NC
ORTHOPEDIC SERGEANT	SGT	91B20	NC
ORTHOPEDIC SPECIALIST	SPC	91B10	

(1) *Orthopedic noncommissioned officer (91B30)*. This NCO is responsible to the senior orthopedic surgeon for the operation of this clinic. He supervises the other assigned cast clinic personnel.

(2) *Orthopedic sergeant/specialist (91B20/91B10)*. Under professional supervision, this sergeant and specialist provide patient care within their scope of practice.

n. *Central Materiel Service*. This section operates two CMS units which provide sterilization of OR equipment, surgical instruments, and supplies, as well as sterile supplies for other patient care areas. The staff is composed of two CMS NCOs, two CMS sergeants, and four CMS specialists (Table 3-14).

Table 3-14. *Central Materiel Service Organization*

CENTRAL MATERIEL SERVICE (2)			
CMS NCO	SSG	91D30	NC (2)
CMS SERGEANT	SGT	91D20	NC (2)
CMS SPECIALIST	SPC	91D10	(2)
CMS SPECIALIST	PFC	91D10	(2)

(1) *Central materiel service noncommissioned officers (91D30)*. These NCOs work under the supervision of the chief medical NCO of the OR/CMS control team. They supervise the activities of the CMS sergeants and specialists. They ensure that sterilization techniques and procedures are applied; they further ensure that safe sterile supplies are provided to users on a timely basis. They also supervise operator-level maintenance of CMS equipment.

(2) *Central materiel service sergeants/specialists (91D20/91D10)*. These CMS sergeants and specialists are responsible to the CMS section NCOs. They perform CMS functions within their scope of responsibility.

o. *Dental Services*. This section provides dental services and consultation for patients and staff. During mass casualty situations, the dentists assist in the delivery of ATM. The oral surgeon uses the OR B or the dental operatory to perform oral and maxillofacial surgery. The staff is composed of an oral and maxillofacial surgeon, a comprehensive dental officer, a preventive dentistry specialist NCO, and a dental specialist (Table 3-15).

(1) *Oral and maxillofacial surgeon (63N00)*. This officer examines, diagnoses, and treats or prescribes courses of treatment for conditions which involve the oral and maxillofacial structures, to include wounds and infections. Additionally, he provides treatment to patients referred by other dental and medical facilities when required oral and maxillofacial care is beyond the capability of the referring facility. This officer is responsible to the Chief, Professional Services for the technical and administrative management of the section.

Table 3-15. Dental Services Organization

DENTAL SERVICES			
ORAL AND MAXILLOFACIAL SURGEON	MAJ	63N00	DC
COMPREHENSIVE DENTAL OFFICER	CPT	63B00	DC
PREVENTIVE DENTISTRY SPECIALIST NCO	SGT	91E20	NC
DENTAL SPECIALIST	SPC	91E10	

(2) *Comprehensive dental officer (63B00)*. This officer provides emergency care to staff and in-patients. When work load permits, this officer provides maintaining-level dental care to the same population and to patients referred from other dental and medical facilities when the required dental treatment is beyond the capability of the referring facility. In addition, he provides OR assistance and support to the oral and maxillofacial surgeon, when requested. He also augments the ATM capability of the hospital, particularly during mass casualty situations.

(3) *Preventive dentistry specialist noncommissioned officer (91E20, ASI X2)*. This NCO assists the dental officers in prevention, examination, and treatment of diseases of teeth and oral region. He also performs those administrative tasks as directed by the oral surgeon. He supervises operator-level maintenance of the dental equipment. This NCO holds the ASI X2, designating formal preventive dentistry specialist training.

(4) *Dental specialist (91E10)*. This specialist is responsible to the preventive dental NCO. He assists in the prevention, examination, and treatment of diseases of teeth and oral region. He performs operator-level maintenance of dental equipment.

*p. Inpatient Medicine A*. This section provides medical services such as consultations, as requested; evaluation and treatment of infectious disease and internal medicine disorders; evaluation and treatment of skin disorders; and treatment of patients with gynecological disease, injury, or disorders. Staffing includes an obstetrician/gynecologist, internists, and primary care physicians (Table 3-16).

(1) *Obstetrician/gynecologist (60J00)*. This physician provides medical care during pregnancy, performs obstetric deliveries, and examines, diagnoses, and treats or prescribes courses of treatment for patients who have gynecological disease, injury, or disorders. He is responsible to the Chief, Professional Services for the technical and administrative management of this section.

(2) *Internists (61F00)*. These physicians examine, diagnose, and treat patients with medical illnesses and recommend courses of management for those illnesses.

(3) *Primary care physicians (61H00)*. These physicians provide comprehensive health care to patients in the areas of general medicine, OB/GYN, psychiatry, PVNTMED, pediatrics, and orthopedics

in both inpatient and outpatient care. They may be used to augment surgical specialties in triage and preoperative care.

*Table 3-16. Inpatient Medicine A Organization*

INPATIENT MEDICINE A			
OBSTETRICIAN AND GYNECOLOGIST	MAJ	60J00	MC
INTERNIST	MAJ	61F00	MC (2)
PRIMARY CARE PHYSICIAN	CPT	61H00	MC (2)

*q. Intensive Care Unit Wards.* These three 12-bed ICUs provide for critically injured or ill patients. This section is under the supervision of the nursing service control team. Nursing care is performed for those patients who require close observation and vital sign monitoring, complex nursing care, and mechanical respiratory assistance. The ICU is also used as a postanesthesia recovery area for patients after surgery. Intensive care is provided by a staff of clinical head nurses, clinical nurses (only three of five CPTs, 66H, will hold the ASI 8A), wardmasters, practical nurses, respiratory NCOs, respiratory sergeants, and medical specialists (Table 3-17).

*Table 3-17. Intensive Care Ward Organization*

INTENSIVE CARE WARD (3)			
CLINICAL HEAD NURSE, INTENSIVE CARE UNIT	MAJ	66H00	AN (3)
CLINICAL NURSE, INTENSIVE CARE UNIT	CPT	66H00	AN (9)
CLINICAL NURSE, INTENSIVE CARE UNIT	LT	66H00	AN (6)
WARDMASTER	SFC	91C40	NC (3)
PRACTICAL NURSE	SSG	91C30	NC (9)
RESPIRATORY NCO	SSG	91V30	NC (3)
PRACTICAL NURSE	SGT	91C20	NC (9)
RESPIRATORY SERGEANT	SGT	91V20	NC (3)
MEDICAL SPECIALIST	SPC	91B10	(6)

(1) *Clinical head nurses, intensive care unit (66H00, ASI 8A)*. These officers are responsible to the nursing service control team for managing the operations of the ICU, to include the development of nursing policies and procedures and the scheduling and supervision of nursing staff. They are responsible for the quality of nursing care. They supervise all other ICU nursing personnel. These clinical head nurses hold an ASI of 8A, intensive care.

(2) *Clinical nurses, intensive care unit (66H00, ASI 8A)*. These clinical nurses are responsible to the clinical head nurse for planning and providing nursing care of a specialized and technical nature for critically injured or ill and postanesthesia patients. They supervise enlisted nursing personnel. As noted above, only three of five of the clinical nurses (CPTs) hold an ASI of 8A on any ICU.

(3) *Wardmasters (91C40)*. These NCOs work under the supervision of the ICU head nurses. They also work in concert with the chief wardmaster of the nursing control team. They manage and supervise enlisted personnel and assist in the planning and operation of the ICU.

(4) *Practical nurses (91C30)*. These practical nurses are responsible to the wardmasters. They provide direct patient care under professional supervision within their scope of practice. They also assist in supervising the subordinate enlisted nursing staff.

(5) *Respiratory noncommissioned officers (91V30)*. These NCOs provide technical guidance and training of subordinate personnel. They manage the respiratory care functions under the supervision of a physician or the respiratory NCO (SFC, 91V40 [see Table 3-8, Nursing Service Control Team]).

(6) *Practical nurses (91C20)*. These practical nurses perform preventive, therapeutic, and emergency nursing care procedures under professional supervision within their scope of practice.

(7) *Respiratory sergeants (91V20)*. Under the supervision of a physician or respiratory noncommissioned officer, these respiratory sergeants provide treatment for patients with cardiopulmonary problems. Included is emergency care in cases of heart failure, shock, treatment of acute respiratory symptoms in cases of head injuries, and respiratory complications in patients having thoracic or abdominal surgery.

(8) *Medical specialists (91B10)*. Under the supervision of a clinical or practical nurse, these specialists provide direct patient care within their scope of practice. They are designated vehicle operators for the section.

*r. Intermediate Care Wards.* These seven ICWs with 20 beds per ward are identical in personnel and equipment. They are under the supervision of the nursing service control team. These wards provide care for patients whose conditions vary from acute to moderate. The nursing care staff consists of clinical head nurses, clinical nurses, wardmasters, practical nurses, and medical specialists (Table 3-18). The responsibilities and functions of the clinical head nurses, clinical nurses (66H00), wardmasters, practical nurses, and medical specialists are the same as those identified in paragraph 3-4*q* above. The clinical nurses (66H00) assist the physicians and more senior clinical nurses in their duty performance. They perform first-level nursing care duties within their scope of clinical nursing activities. The lowest-grade medical specialist is the designated vehicle operator for the section.

Table 3-18. Intermediate Care Ward Organization

INTERMEDIATE CARE WARD (7)				
CLINICAL HEAD NURSE	MAJ	66H00	AN	(3)
CLINICAL NURSE	CPT	66H00	AN	(7)
CLINICAL NURSE	LT	66H00	AN	(7)
CLINICAL NURSE	LT	66H00	AN	(7)
WARDMASTER	SFC	91C40	NC	(4)
PRACTICAL NURSE	SSG	91C30	NC	(14)
WARDMASTER	SSG	91C30	NC	(3)
PRACTICAL NURSE	SGT	91C20	NC	(35)
MEDICAL SPECIALISTS	SPC	91B10		(7)
MEDICAL SPECIALISTS	PFC	91B10		(7)

s. *Neuropsychiatric Ward and Consultation Service.* This section provides NP diagnosis and consultation to all areas of the hospital; it staffs a 20-bed ward for inpatient stabilization of NP patients. The staff for this section consists of a psychiatrist, psychiatric nurses, a social worker, a clinical nurse, psychiatric NCOs, a psychiatric wardmaster, an occupational therapy NCO, a behavioral science NCO, and psychiatric specialists (Table 3-19). Medical command and brigade headquarters integrate the GH's NP section's operations with those of the ASMB mental health section and with the CSC units in the area. To the extent possible, the GH's NP ward should receive only those NP and/or stress casualties who are too disturbed to receive reconditioning treatment at Echelon III or IV CSC company reconditioning centers or at Echelon IV FHs. These casualties include—

- Cases of psychosis, paranoia, mania, and suicidal depression.
- Substance overdose or withdrawal requiring detoxification.
- Mental or bodily symptoms which require the GH laboratory and x-ray capability to rule out life- or limb- threatening organic causes.

The mission of the NP ward is to provide brief (2 to 4 days) stabilization. The patients are then reevaluated to determine if they should be—

- Evacuated to CONUS for further stabilization and evacuation, definitive treatment, or administrative discharge.

- Transferred to a FH or CSC company in the COMMZ for RTD after 14 to 28 days of further reconditioning (depending on the theater evacuation policy).
- Detoxified for substance abuse/dependence, and returned to duty in the COMMZ for administrative disposition.

Table 3-19. Neuropsychiatric Ward and Consultation Service Organization

NEUROPSYCHIATRIC WARD AND CONSULTATION SERVICE			
PSYCHIATRIST	MAJ	60W00	MC
PSYCHIATRIC/MENTAL HEALTH NURSE	MAJ	66C00	AN
PSYCHIATRIC/MENTAL HEALTH NURSE	CPT	66C00	AN (2)
SOCIAL WORK OFFICER	CPT	73A67	MS
CLINICAL NURSE	LT	66H00	AN
MENTAL HEALTH NCO	SSG	91X30	NC
MENTAL HEALTH WARDMASTER	SSG	91X30	NC
OCCUPATIONAL THERAPY NCO	SGT	91B20	NC
MENTAL HEALTH NCO	SGT	91X20	NC (3)
MENTAL HEALTH NCO	SGT	91X20	NC
MENTAL HEALTH SPECIALIST	SPC	91X10	(2)
MENTAL HEALTH SPECIALIST	PFC	91X10	

(1) *Psychiatrist (60W00)*. This officer is responsible to the Chief, Professional Services for the technical and administrative management of this section. He supervises the NP service staff, advises the hospital commander, and provides technical supervision of NP/mental health activities throughout the hospital. He examines, diagnoses, treats and/or prescribes treatment, and recommends disposition for patients and staff with NP and stress disorders.

(2) *Psychiatric/mental health nurse (66C00)*. This officer is responsible for the technical and professional management of the NP ward nursing staff. He provides psychiatric nursing consultation to all other wards of the GH. He provides specialized nursing services for patients with psychiatric and emotional problems and promotes mental health within the hospital and support area. This nurse performs liaison, consultative, and training functions throughout the GH to enhance the continuity and quality of patient care.

(3) *Psychiatric/mental health nurses (66C00)*. These officers are responsible to the psychiatrist and head nurse for operation of the ward and consultation throughout the hospital. They develop and carry out nursing care plans for each NP ward patient. These nurses also assist in the training, supervising, and technical management of subordinate NP ward staff, including the nonpsychiatrically trained nurses and augmenting technicians.

(4) *Social work officer (73A67)*. This officer is responsible to the psychiatrist. He provides stress control prevention and treatment throughout the hospital and especially to the minimum care (RTD-oriented) wards. He supports the NP ward by evaluating the RTD potential of patients, based on interviews with the soldier, plus data from the soldier's unit. He coordinates RTD, administrative disposition, or transfer to the CSC reconditioning center. The social work officer also ensures effective use of social service support agencies for patients and GH staff members.

(5) *Clinical nurse (66H00)*. This clinical nurse is responsible to the head nurse for direct and surgical nursing care to patients on the ward. He is cross-trained in stress control techniques and procedures.

(6) *Mental health noncommissioned officer (91X30)*. This NCO assists the wardmaster in the performance of his duties. He provides psychiatric nursing care duties within his scope of practice.

(7) *Mental health wardmaster (91X30)*. This NCO assists the psychiatrist and nursing staff with the management and administrative functions of the ward. He provides psychiatric nursing care duties within his scope of practice.

(8) *Mental health noncommissioned officers (91X20)*. Under professional supervision, these NCOs provide psychiatric nursing care within their scope of practice.

(9) *Mental health noncommissioned officer (91X20)*. Under professional supervision, this NCO provides mental health assessment and care within his scope of practice.

(10) *Occupational therapy noncommissioned officer (91B20, ASI N3)*. This NCO is responsible to the head nurse for establishing and conducting the work therapy and recreational programs throughout the GH and especially the minimal care wards. Under professional supervision, he provides occupational therapy within his scope of practice. He holds the ASI N3, occupational therapy. If additional clinical guidance is required for planning and implementing occupational therapy programs, occupational therapists (65A) are assigned to CSC companies and detachments, FHs, and GHs.

(11) *Mental health specialists (91X10)*. These specialists are responsible to the psychiatric NCOs. Under professional supervision, they provide care and treatment for psychiatric, drug, and alcohol patients within their scope of practice.

*t. Minimal Care Wards.* These two minimal care wards of 20 beds each provide care for patients whose conditions vary from moderate to minimal. These are convalescent patients with minimal requirements for nursing and medical treatment. Staffing is composed of clinical nurses, a wardmaster, a practical nurse, and medical specialists (Table 3-20).

Table 3-20. Minimal Care Ward Organization

MINIMAL CARE WARD (2)			
CLINICAL NURSE	LT	66H00	AN (2)
WARDMASTER	SSG	91C30	NC
PRACTICAL NURSE	SGT	91C20	NC
MEDICAL SPECIALISTS	SPC	91B10	(2)
MEDICAL SPECIALISTS	PFC	91B10	(2)

(1) *Clinical nurses (66H00)*. These nurses are responsible to the nursing service control team for management and operations of the ward. They supervise the enlisted nursing staff and perform appropriate nursing duties.

(2) *Wardmaster (91C30)*. This NCO assists the clinical nurses in ward management. He provides nursing care leadership and supervises subordinate staff. This NCO also works in concert with the chief wardmaster of the nursing service control team.

(3) *Practical nurse (91C20)*. This practical nurse is responsible to the wardmaster and, under professional supervision, performs nursing care duties within his scope of practice.

(4) *Medical specialists (91B10)*. Under professional supervision, these specialists provide medical treatment to patients within their scope of practice.

*u. Pharmacy Services.* The pharmacy is responsible for quality control of pharmaceuticals, distribution of bulk drugs, maintenance and publication of the hospital formulary, and the IV-additive program. This section maintains a registry for controlled drugs. The pharmacy provides discharge medications for the required number of days to complete therapy and/or a 5-day supply of medications required for air evacuation out of theater. The pharmacy requisitions required supplies through the logistics section to the supporting MEDLOG battalion (rear). The staff is composed of pharmacy officers, NCOs, and specialists (Table 3-21). Three of the enlisted staff hold the ASI Y7 (sterile pharmacy specialty) for the IV-additive program.

(1) *Chief, pharmacy services (67E00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services). He directs, plans, and participates in all hospital pharmaceutical activities. He is responsible for and maintains security within the pharmacy area and monitors the storage, security, and control, to include inventories and audit trails, of controlled substances. He also acts as a liaison between the professional staff and the logistics office for requisition of pharmaceutical items.

(2) *Pharmacy officer (67E00)*. This officer assists the Chief, Pharmacy Services in the performance of his duties. He supervises other pharmaceutical staff and collects data for required reports.

Table 3-21. Pharmacy Services Organization

PHARMACY SERVICES			
CHIEF, PHARMACY SERVICES	MAJ	67E00	MS
PHARMACY OFFICER	CPT	67E00	MS
SENIOR PHARMACY NCO	MSG	91Q50	NC
PHARMACY NCO	SSG	91Q30	NC
STERILE PHARMACY NCO	SSG	91Q30	NC
PHARMACY SPECIALIST	SPC	91Q10	
STERILE PHARMACY SPECIALIST	SPC	91Q10	
PHARMACY SPECIALISTS	PFC	91Q10	
STERILE PHARMACY SPECIALIST	PFC	91Q10	

(3) *Senior pharmacy noncommissioned officer (91Q50)*. This NCO serves as the NCOIC of pharmacy services. He is responsible for the work schedule of subordinate specialists; he is also responsible for ensuring adequate training for all subordinate specialists. Under the supervision of a pharmacist, he prepares, controls, and issues pharmaceutical products. He also assists with the supervision of the section, providing technical guidance to subordinate personnel.

(4) *Pharmacy and sterile pharmacy noncommissioned officers (91Q30)*. These NCOs assist the pharmacy officer and the pharmacy NCO in their duty performance. They prepare, control, and issue pharmaceutical products, ensuring compliance with Army and Federal rules, laws, and regulations relative to pharmacy operations. The sterile pharmacy NCO holds the ASI Y7, sterile pharmacy specialty. This specialist serves as the NCOIC of the sterile products service. He performs sterile technique procedures in the preparation of items such as IV-additives which are used to combat infection and to restore and maintain electrolyte and nutritional balance.

(5) *Pharmacy/sterile pharmacy specialists (91Q10)*. Under professional supervision, these specialists perform pharmaceutical duties within their scope of duties. The two sterile pharmacy specialists hold the ASI Y7. Their duties as sterile pharmacy specialists will be the same as those identified in paragraph (4) above.

v. *Laboratory Services*. This section performs a general, but limited, array of analytical procedures in hematology, urinalysis, chemistry, microbiology, serology, and blood bank. Laboratory capabilities may be tailored to meet the mission needs of a specific geographic region. The staff is composed of a clinical laboratory officer, medical laboratory NCOs, and medical laboratory specialists (Table 3-22).

Table 3-22. Laboratory Services Organization

LABORATORY SERVICES			
CLINICAL LABORATORY OFFICER	MAJ	71E67	MS
MEDICAL LABORATORY NCO	MSG	91K50	NC
MEDICAL LABORATORY NCO	SFC	91K40	NC
MEDICAL LABORATORY NCO	SSG	91K30	NC (3)
MEDICAL LABORATORY SPECIALIST	SSG	91K20	NC (2)
MEDICAL LABORATORY SPECIALIST	SPC	91K10	(2)
MEDICAL LABORATORY SPECIALIST	PFC	91K10	(3)

(1) *Clinical laboratory officer (71E67)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for management and operation of the laboratory section. He directs the performance of laboratory procedures used in the detection, diagnosis, treatment, and prevention of disease. He establishes and supervises an appropriate laboratory quality control program. He also supervises the blood bank activities.

(2) *Medical laboratory noncommissioned officer (91K50)*. This senior laboratory NCO functions as the laboratory NCOIC. He advises and assists the laboratory officer in laboratory operations, supply economy and inventory management, advanced technical procedures, and administrative requirements. He provides technical guidance to the subordinate staff.

(3) *Medical laboratory noncommissioned officer (91K40)*. This laboratory NCO is responsible to the senior laboratory NCO for laboratory operations and for supervision of the subordinate staff. He performs the full array of laboratory procedures.

(4) *Medical laboratory noncommissioned officers (91K30)*. These NCOs perform elementary and advanced examinations of patient-derived specimens (including suspect biological warfare specimens) to aid in the diagnosis, treatment, and prevention of disease.

(5) *Medical laboratory specialists (91K20)*. These laboratory specialists perform clinical laboratory procedures in hematology, biochemistry, serology, bacteriology, parasitology, and urinalysis.

(6) *Medical laboratory specialists (91K10)*. Under the supervision of the laboratory NCO, these specialists perform elementary clinical laboratory procedures.

w. *Blood Bank*. This section provides all routine blood grouping and typing, crossmatch testing, and issue of blood products, emergency blood collection, shipment of blood donor samples for infectious disease screening, blood storage, and inventory management. It has the capacity to store and utilize frozen

plasma. Staffing for this section includes blood donor center operations NCOs and specialists (Table 3-23). All blood bank personnel hold the ASI M4, blood donor center operations.

Table 3-23. Blood Bank Organization

BLOOD BANK			
BLOOD DONOR CENTER OPERATIONS NCO	SSG	91K30	NC (2)
BLOOD DONOR CENTER OPERATIONS NCO	SGT	91K20	NC
BLOOD DONOR CENTER OPERATIONS SPECIALIST	SPC	91K10	(2)
BLOOD DONOR CENTER OPERATIONS SPECIALIST	PFC	91K10	(2)

(1) *Blood donor center operations noncommissioned officers (91K30).* These NCOs are responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and operation of this section. They perform advanced procedures in all phases of blood banking. They supervise subordinate specialists in the performance of their duties.

(2) *Blood donor operations specialists (91K20/91K10, ASI M4).* These specialists work under the supervision of the blood donor center operations NCO in the performance of the full array of clinical laboratory and blood banking procedures. They provide direct support to the blood bank section and backup support to the other laboratory sections.

x. *Radiology Service.* This section provides radiological services to all areas of the hospital and operates on a 24-hour basis. Staffing includes a diagnostic radiologist, a chief radiology NCO, a senior radiology NCO, radiology sergeants, and radiology specialists (Table 3-24).

Table 3-24. Radiology Service Organization

RADIOLOGY SERVICE			
DIAGNOSTIC RADIOLOGIST	MAJ	61R00	MC
CHIEF RADIOLOGY NONCOMMISSIONED OFFICER	MSG	91P50	NC
SENIOR RADIOLOGY NONCOMMISSIONED OFFICER	SFC	91P40	NC
RADIOLOGY SERGEANT	SGT	91P20	NC (3)
RADIOLOGY SPECIALIST	SPC	91P10	(2)

(1) *Diagnostic radiologist (61R00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and operation of this section. He performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging, on patients referred by other physicians.

(2) *Chief radiology noncommissioned officer (91P50)*. This NCO assists the radiologist in the performance of his duties, to include technical guidance to subordinate personnel. He assists in the technical and administrative management of this section.

(3) *Senior radiology noncommissioned officer (91P40)*. This NCO assists the chief NCO in the supervision of subordinate personnel and administrative management of this section. Under the supervision of the radiologist, he performs radiological duties within his scope of training.

(4) *Radiology sergeants and specialists (91P20/91P10)*. Under the supervision of the radiology NCO, these individuals perform duties within their scope of training. They also perform vehicle operator duties for the section.

y. *Physical/Occupational Therapy Service*. This section provides inpatient physical/occupational therapy services and consultation for patients. The primary wartime role of this section is evaluating and treating neuromusculoskeletal conditions and providing burn/wound care to patients with potential for RTD within the theater evacuation policy. During mass casualty situations, physical therapy personnel may be utilized in managing minimal or delayed patients or augmenting the orthopedic staff. The staff is composed of a physical therapist and a physical therapy sergeant (Table 3-25).

Table 3-25. *Physical/Occupational Therapy Service Organization*

PHYSICAL/OCCUPATIONAL THERAPY SERVICE			
PHYSICAL THERAPIST	CPT	65B00	SP
PHYSICAL THERAPY SERGEANT	SSG	91B30	NC

(1) *Physical therapist (65B00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for the management and supervision of physical therapy services. The physical therapist plans and supervises physical therapy programs upon referral from medical officers. This officer also provides guidance in the areas of physical fitness, physical training, and injury prevention.

(2) *Physical therapy sergeant (91B30, ASI N9)*. This physical therapy sergeant is responsible to the physical therapist. He provides physical therapy treatment to patients within his scope of practice. He holds the ASI N9, physical therapy specialty.

z. *Hospital Ministry Team.* This section is composed of a chaplain, a senior chaplain’s assistant, and a chaplain’s assistant to provide religious support and pastoral care ministry for assigned staff and patients (Table 3-26).

Table 3-26. *Hospital Ministry Team Organization*

HOSPITAL MINISTRY TEAM			
HOSPITAL CHAPLAIN	CPT	56A00	CH
SENIOR CHAPLAIN’S ASSISTANT	SGT	71M20	NC
CHAPLAIN’S ASSISTANT	PFC	71M10	

(1) *Hospital chaplain (56A00, ASI 7R).* This chaplain, supervised by the hospital headquarters chaplain, coordinates the program of religious ministries, including workshops, pastoral counseling, and religious education, for the hospital. He supervises the activities of the other ministry team staff.

(2) *Senior chaplain’s assistant (71M20).* This senior chaplain’s assistant is responsible to the hospital chaplain and assists him in his duties. He also supervises the activities of the chaplain’s assistant.

(3) *Chaplain’s assistant (71M10).* This assistant is responsible to the senior chaplain’s assistant. He prepares the chapel for worship and prepares sacraments of Protestant, Catholic, Orthodox, and Jewish faiths.

### 3-5. The Hospital Unit, Surgical

The HUS augments the HUB to form the GH. The HUS is composed of the following sections:

a. *Unit Headquarters.* This section provides augmentation to the HUB to assist in nursing supervision, hospital operation, and company headquarters operation. The staff is composed of the HUS commander, an assistant chief nurse, a field medical assistant, a detachment NCO, and a patient administration specialist (Table 3-27).

(1) *Hospital commander (61J00).* This officer, in his capacity as the HUS commander, ensures a smooth and functional integration of unity of the HUS with the HUB. Once the two units are combined to form a GH, this officer performs the duties of a general surgeon in OR C.

(2) *Assistant chief nursing service (66N00).* This officer functions in unison with the chief nurse of the HUB in providing the necessary planning, execution, and direction for the HUS.

(3) *Field medical assistant (70B67).* This officer assists the HUS commander in the areas of organizational administration, supply, training, operation, transportation, and patient evacuation. He augments the HUB operations section and functions as a hospital plans officer.

Table 3-27. Hospital Unit, Surgical Headquarters Organization

UNIT HEADQUARTERS			
COMMANDER	LTC	61J00	MC
ASSISTANT CHIEF NURSING SERVICE	LTC	66N00	AN
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
DETACHMENT NCO	SFC	91B40	NC
PATIENT ADMINISTRATION SPECIALIST	SPC	71G10	

(4) *Detachment noncommissioned officer (91B40)*. The detachment NCO is the principal enlisted assistant to the HUS commander. He maintains liaison between the HUS commander and assigned NCOs, provides guidance to enlisted members of the HUS, and represents them to the commander. When the HUB and HUS unite to form a GH, he also functions as the first sergeant of the medical holding detachment. As such, he is supervised by the HUB company headquarters commander who functions as the commander, medical holding detachment.

(5) *Patient administration specialist (71G10)*. This specialist works in concert with the PAD of the HUB in preparing and maintaining patient records, to include statistical data for required reports.

*b. Supply and Service Division (Augmentation)*. Because of the increased work load associated with the HUS, this section augments the Supply and Service Division of the HUB. Staffing includes a medical supply sergeant, a supply sergeant, medical supply specialists, and supply specialists (Table 3-28).

Table 3-28. Supply and Service Division Organization

SUPPLY AND SERVICE DIVISION			
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC
SUPPLY SERGEANT	SGT	92Y20	NC
MEDICAL SUPPLY SPECIALIST	SPC	76J10	
SUPPLY SPECIALIST	SPC	92Y10	
MEDICAL SUPPLY SPECIALIST	PFC	76J10	
SUPPLY SPECIALIST	PFC	92Y10	

(1) *Medical supply sergeant (76J20)*. This NCO is responsible to the medical supply NCO (HUB) for medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the HUS Supply and Service Division.

(2) *Supply sergeant (92Y20)*. This NCO is responsible for general supply operations, to include supervision of the supply specialists. He maintains accountability for all equipment organic to the HUS.

(3) *Medical supply specialists (76J10)*. These specialists are responsible to the medical supply sergeant for performing designated medical supply and equipment functions.

(4) *Supply specialists (92Y10)*. These supply specialists assist the supply sergeant in his duty performance. They request, receive, inspect, load, unload, segregate, store, issue, and turn in organizational supplies and equipment. One of the specialists will function as the armorer. The armorer maintains the weapons storage area, issues and receives small arms and ammunitions, and performs small arms unit maintenance.

c. *Operating Room/Central Materiel Service Control Team*. This team provides augmentation to the HUB to assist in supervising and scheduling the nursing staff and in preparing and maintaining the ORs/CMSs. The ranks and titles of the personnel (Table 3-29) are designed to interface with the HUB OR/CMS control team (Table 3-10) to provide support without duplicating duties and responsibilities.

Table 3-29. *Operating Room/Central Materiel Service Control Team Organization*

OPERATING ROOM/CENTRAL MATERIEL SERVICE CONTROL TEAM			
ANESTHESIOLOGIST	LTC	60N00	MC
CLINICAL HEAD NURSE, ANESTHETIST	LTC	66F00	AN
ANESTHESIOLOGIST	MAJ	60N00	MC
ASSISTANT CLINICAL HEAD NURSE, OPERATING ROOM	MAJ	66E00	AN

(1) *Anesthesiologists (60N00)*. These physicians administer or supervise administration of anesthetics to patients.

(2) *Clinical head nurse, anesthetist (66F00)*. This officer is responsible to the chief nurse for the management of daily operations of the anesthesia nursing section, to include scheduling and supervising the anesthesia nursing staff, coordinating logistical operations of the anesthesia service, and total quality management issues. He coordinates with the Chief, Surgical Service, anesthesiologist and clinical head nurse in the scheduling and assignment of surgical cases. He also serves as nurse anesthetist in clinical functions.

(3) *Assistant clinical head nurse, operating room (66E00)*. This assistant clinical head nurse performs nursing duties in any phase of the operative process for patients undergoing all types of surgery and provides safe supplies and equipment for operative services.

d. *Triage/Preoperative/Emergency Medical Treatment Section*. This section provides for the receiving, triaging, and stabilizing of incoming patients. The staff receives patients, assesses their medical condition, provides EMT, and triages them to the appropriate nursing unit or health service. The staff monitors patient conditions and prepares those requiring immediate surgery for the OR. This section works in conjunction with the triage/preoperative/EMT section, HUB, to handle the overall work load for the hospital. This section gives the hospital commander several options:

- Personnel can be used to supplement the HUB EMT section with its equipment remaining loaded for use as a jump or movement echelon or reconstitution of other theater medical organizations.
- Part of the equipment and staff can be used to have a sick call or minor injury area with all major trauma sent to the main EMT section.
- The hospital can have two fully operational EMT sections. This would require the headquarters to carefully monitor and evaluate the admissions and OR requirements of these two sections if both were treating major trauma patients.

The staffing of this section is identical to that of the HUB’s EMT section (Table 3-9). The duties and responsibilities are the same for the corresponding positions as identified in paragraphs 3-4i(1)—(8).

e. *Operating Room C*. This section provides general and ENT surgical services with two OR tables for a total of 36 hours of table time per day. The staff for this section includes general surgeons, clinical and OR nurses, an OR NCO, and OR specialists (Table 3-30).

Table 3-30. *Operating Room C Organization*

OPERATING ROOM C				
GENERAL SURGEON	LTC	61J00	MC*	
GENERAL SURGEON	MAJ	61J00	MC	(3)
OPERATING ROOM NURSE	CPT	66E00	AN	(5)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN	(5)
OPERATING ROOM NCO	SSG	91D30	NC	
OPERATING ROOM SERGEANT	SGT	91D20	NC	
OPERATING ROOM SPECIALIST	SPC	91D10		
OPERATING ROOM SPECIALIST	PFC	91D10		(3)

\*HUS COMMANDER ALSO FUNCTIONS AS GENERAL SURGEON IN OPERATING ROOM C.

(1) *General surgeons (61J00)*. These surgeons examine, diagnose, treat or prescribe courses of treatment and surgery for patients having injuries or disorders with surgical conditions, and perform required surgery. As noted in Table 3-30, the HUS commander also functions as a general surgeon in OR C. This requirement is accounted for in the unit headquarters and is not included in the total authorizations for the OR.

(2) *Other assigned personnel*. The duties and responsibilities of the OR nurses, clinical nurses (anesthetist), OR NCOs, and OR specialists are the same as identified in paragraphs 3-4k(3)—(4) and (6)—(7).

f. *Operating Room D*. This section provides primarily orthopedic, thoracic, and urological surgical services with two OR tables for a total of 36 hours of table time per day. Staffing for this section includes a thoracic surgeon, a urologist, orthopedic surgeons, clinical nurse (anesthetists), OR nurses, an OR NCO, and OR specialists (Table 3-31).

Table 3-31. *Operating Room D Organization*

OPERATING ROOM D			
UROLOGIST	MAJ	60K00	MC
THORACIC SURGEON	MAJ	61K00	MC
ORTHOPEDIC SURGEON	MAJ	61M00	MC (3)
CLINICAL NURSE, ANESTHETIST	MAJ	66F00	AN
OPERATING ROOM NURSE	CPT	66E00	AN (5)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (4)
OPERATING ROOM NCO	SSG	91D30	NC
OPERATING ROOM SPECIALIST	SGT	91D20	NC
OPERATING ROOM SPECIALIST	SPC	91D10	(2)
OPERATING ROOM SPECIALIST	PFC	91D10	(3)

(1) *Urologist (60K00)*. The urologist examines, diagnoses, and treats or prescribes courses of treatment or surgery for patients having diseases, injuries, or disorders of the genitourinary tract. He performs required surgery.

(2) *Thoracic surgeon (61K00)*. This physician examines, diagnoses, and treats or prescribes courses of treatment and surgery for patients having surgical diseases or injuries of the thorax and vascular system. He performs required surgery.

(3) *Orthopedic surgeons (61M00)*. These surgeons examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having disorders, malformations, diseases, or injuries of the musculoskeletal systems. They perform surgical operations as required.

(4) *Clinical nurse, anesthetists (66F00)*. These clinical nurses perform in consultation with an anesthesiologist or a physician. They provide nursing services for patients requiring anesthesia for surgical or diagnostic procedures, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. They also provide preanesthetic evaluation/therapy; administer all types of anesthetic techniques, to include monitored anesthesia care, local, regional, and general anesthesia; and performs postanesthetic evaluation/therapy. Also, they assist the clinical nurse anesthetist (MAJ) in administrative functions.

(5) *Operating room nurses (66E00)*. These nurses perform nursing duties in any phase of the operative process for patients undergoing surgery. They also provide safe supplies and equipment for operative services.

(6) *Other assigned personnel*. The duties and responsibilities of the remaining OR D staff will be the same as the corresponding staff in paragraph 3-4k (6)—(7), with one exception. The OR specialist, 91D10, is the designated vehicle operator for this section.

*g. Orthopedic Cast Clinic*. This section augments the orthopedic cast clinic of the HUB to provide casting, splinting, and traction services throughout the hospital. As with the multiple triage, preoperative, and EMT sections, this second orthopedic and cast clinic gives the hospital commander various employment options. The staffing and duties of this clinic is the same as that identified in paragraph 3-4m(1)—(2) and Table 3-13.

*h. Central Materiel Service*. This section operates two CMS units which provide for the sterilization of OR equipment, surgical instruments, and supplies, as well as for sterile supplies for other patient care areas. This section operates in conjunction with the CMS section of the HUB under the control of the OR/CMS control team. Normally, each CMS would function primarily to support the activities of its associated OR and wards. The staffing, duties, and responsibilities are identical to those identified in Table 3-14 and paragraphs 3-4n(1) and (2).

*i. Intensive Care Ward*. These nursing units provide five ICUs of 12 beds each for critically injured or ill patients. The clinical head nurses and only three of the five clinical nurses (CPTs) hold an ASI of 8A as ICU nurses. When functioning as a GH, this section is under the supervision of the nursing service control team (HUB). The staff performs recovery room nursing care for those patients who require close observation, vital sign monitoring, IV fluid replacement, and respiratory assistance. The staff consists of a clinical head nurse, clinical nurses, a wardmaster, practical nurses, respiratory NCOs, respiratory sergeants, and medical specialists (Table 3-32). The duties and responsibilities are the same as the corresponding positions identified in paragraphs 3-4q(1)—(8).

Table 3-32. Intensive Care Ward Organization

INTENSIVE CARE WARD (5)				
CLINICAL HEAD NURSE, ICU	MAJ	66H00	AN	(5)
CLINICAL NURSE, ICU	CPT	66H00	AN	(15)
CLINICAL NURSE, ICU	LT	66H00	AN	(10)
WARDMASTER	SFC	91C40	NC	(5)
PRACTICAL NURSE	SSG	91C30	NC	(15)
RESPIRATORY NCO	SSG	91V30	NC	(5)
PRACTICAL NURSE	SGT	91C20	NC	(15)
RESPIRATORY SERGEANT	SGT	91V20	NC	(5)
MEDICAL SPECIALIST	SPC	91B10		(10)

*j. Radiology Service.* This section provides augmentation to the radiology section of the HUB. Staffing consists of a radiologist, radiology NCOs, and radiology specialists (Table 3-33).

Table 3-33. Radiology Service Organization

RADIOLOGY SERVICE				
DIAGNOSTIC RADIOLOGIST	MAJ	61R00	MC	
RADIOLOGY NCO	SSG	91P30	NC	(2)
RADIOLOGY SERGEANT	SGT	91P20	NC	
RADIOLOGY SPECIALIST	SPC	91P10		(2)
RADIOLOGY SPECIALIST	PFC	91P10		

(1) *Diagnostic radiologist (61R00).* This officer conducts, interprets, and directs x-ray and fluoroscopy examinations, to include administration of ionizing radiation and patient care. He assists the radiologist, radiology service, HUB with the management of the section. He also provides technical supervision to the subordinate staff.

(2) *Other assigned personnel.* The duties and responsibilities of the remaining staff are the same as those identified in paragraphs 3-5x(3)—(4).

**3-6. The Hospital Unit, Medical**

The HUM provides increased medical capability to the HUB. The HUM is composed of the following sections:

*a. Unit Headquarters.* This section provides augmentation to assist in the supervision for all personnel assigned in this module and to provide daily reports to the hospital commander and related divisions. The staff is composed of the HUM commander, a field medical assistant, and a detachment NCO (Table 3-34).

*Table 3-34. Unit Headquarters Organization*

UNIT HEADQUARTERS			
COMMANDER	LTC	61F00	MC
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
DETACHMENT NCO	SFC	91B40	NC

(1) *Unit commander (61F00).* This officer works in concert with the hospital commander to ensure a smooth and functional integration of the HUM with the other GH modules. As a subordinate staff member of the GH, he functions as an internist in the Inpatient Medicine B section.

(2) *Field medical assistant (70B67).* This officer performs the plans and operations functions for this module. He augments the hospital operations section (HUB) and works in unison with the hospital plans officer.

(3) *Detachment noncommissioned officer (91B40).* This NCO performs those duties required of a first sergeant for this module. He augments the company headquarters (HUB) and works in concert with the first sergeant.

*b. Supply and Service Division (Augmentation).* Because of the increased work load associated with the HUM, this section augments the Supply and Service Division of the HUB. Staffing and staffing responsibilities are the same as those identified in Table 3-28, paragraphs 3-5*b*(1)–(4).

*c. Inpatient Medical B.* This section provides medical services such as consultations, as requested; evaluation and treatment of infectious disease and internal medicine disorders; and evaluation and treatment of skin disorders. Staffing includes internists, a neurologist, an infectious disease officer, an audiologist, and a medical specialist (Table 3-35).

Table 3-35. *Inpatient Medicine A Organization*

INPATIENT MEDICINE B			
INTERNIST	LTC	61F00	MC
NEUROLOGIST	MAJ	60V00	MC
INTERNIST	MAJ	61F00	MC (2)
INFECTIOUS DISEASE OFFICER	MAJ	61G00	MC
AUDIOLOGIST	CPT	72C67	MS
MEDICAL SPECIALIST	SPC	91B10	

(1) *Internist (61F00)*. This physician is responsible to the Chief, Professional Services (HUB) for the technical and administrative management of this section. He also functions as the HUM commander. His position is accounted for in the HUM unit headquarters and is not included in the total authorizations for the Inpatient Medical B Section. His medical duties are the same as the other internists assigned to this section.

(2) *Neurologist (60V00)*. This physician examines, diagnoses, and treats and/or directs management of patients suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system.

(3) *Internists (61F00)*. These internists examine, diagnose, and treat patients with medical illnesses and/or recommend courses of management for those illnesses.

(4) *Infectious disease officer (61G00)*. This physician is responsible for diagnosis, laboratory confirmation, treatment, control and/or description of natural history, and transmission kinetics of infectious diseases.

(5) *Audiologist (72C67)*. This officer conducts quantitative and qualitative examinations of auditory pathway; prescribes and implements nonmedical treatment to conserve or improve communication ability; designs, develops, and maintains hearing conservation programs.

(6) *Medical specialist (91B10)*. This specialist works under supervision of the section staff. He assists with EMT to casualties; assists with outpatient care and treatment; or assists with inpatient care and treatment.

*d. Intermediate Care Wards.* These nine ICWs with 20 beds per ward are identical in personnel and equipment. They are under the supervision of the HUB nursing service control team. These wards provide care for patients whose conditions vary from acute to moderate. The nursing care staff consists of a clinical head nurse, clinical nurses, a wardmaster, practical nurses, and medical specialists (Table 3-36).

The responsibilities and functions of the clinical head nurses, clinical nurses (66H00), wardmasters, practical nurses, and medical specialists are the same as those identified in paragraph 3-4r. The clinical nurses (66J00) assist the physicians and more senior clinical nurses in their duty performance. They perform first-level nursing care duties within their scope of clinical nursing activities. The lowest-grade medical specialist is the designated vehicle operator for the section.

Table 3-36. Intermediate Care Ward Organization

INTERMEDIATE CARE WARD (9)				
CLINICAL HEAD NURSE	MAJ	66H00	AN	(4)
CLINICAL NURSE	CPT	66H00	AN	(9)
CLINICAL NURSE	LT	66H00	AN	(9)
CLINICAL NURSE	LT	66J00	AN	(9)
WARDMASTER	SFC	91C40	NC	(5)
PRACTICAL NURSE	SSG	91C30	NC	(9)
WARDMASTER	SSG	91C30	NC	(4)
PRACTICAL NURSE	SGT	91C20	NC	(45)
MEDICAL SPECIALISTS	SPC	91B10		(9)
MEDICAL SPECIALISTS	PFC	91B10		(9)

e. *Nutrition Care Division (Augmentation).* This section augments the HUB Nutrition Care Division (paragraph 3-4f). The staff is composed of a dietitian, a hospital food service NCO, a hospital food service sergeant, and hospital food service specialists (Table 3-37).

Table 3-37. Nutrition Care Division Organization

NUTRITION CARE DIVISION				
CHIEF, NUTRITION CARE DIVISION	MAJ	65C00	SP	
HOSPITAL FOOD SERVICE NCO	SFC	91M40	NC	
HOSPITAL FOOD SERVICE NCO	SGT	91M20	NC	
HOSPITAL FOOD SERVICE SPECIALIST	SPC	91M10		(3)
HOSPITAL FOOD SERVICE SPECIALIST	PFC	91M10		(4)

(1) *Chief, Nutrition Care Division (65C00, ASI 8I)*. This officer is responsible to the Chief, Nutrition Care Division (HUB). He assists in formulating policies, developing procedures, and supervising the operation of nutrition care.

(2) *Hospital food service noncommissioned officer (91M40)*. This NCO serves as the principal NCO for the Nutrition Care Division (Augmentation). He is responsible to the hospital food service NCO (HUB) for the implementation of policies and procedures and for supervision of subordinate personnel.

(3) *Hospital food service sergeant (91M20)*. This sergeant is responsible to the principal NCO and assists with the clinical and administrative management of nutritional care programs.

(4) *Hospital food service specialists (91M10)*. These hospital food service specialists are responsible to the hospital food service sergeant for performing basic clinical dietetic functions in the dietary management and treatment of patients. They prepare, cook, and serve regular and modified food. They also perform light-vehicle operator/driver duties for the division, to include operator maintenance.

*f. Pharmacy Services.* This section augments the pharmacy services (HUB). The staff is composed of a pharmacy officer, a pharmacy NCO, a pharmacy sergeant, and pharmacy specialists (Table 3-38).

Table 3-38. *Pharmacy Services Organization*

PHARMACY SERVICES			
PHARMACY OFFICER	LT	67E00	MS
PHARMACY NCO	SSG	91Q30	NC
PHARMACY SERGEANT	SGT	91Q20	NC
PHARMACY SPECIALIST	SPC	91Q10	(2)
PHARMACY SPECIALIST	PFC	91Q10	(2)

(1) *Pharmacy officer (67E00)*. This officer assists the Chief, Pharmacy Services (HUB) in the performance of his duties. He supervises other pharmaceutical staff and collects data for required reports.

(2) *Pharmacy noncommissioned officer (91Q30)*. This NCO assists the pharmacy officer in his duty performance. He prepares, controls, and issues pharmaceutical products, ensuring compliance with Army and Federal rules, laws, and regulations relative to pharmacy operations. He assists in the supervision of subordinate personnel.

(3) *Pharmacy sergeant (91Q20)*. This pharmacy sergeant prepares, controls, and issues pharmaceutical products as directed by the pharmacy officer and NCO. He assists in preparing reports and other administrative functions.

(4) *Pharmacy specialists (91Q10)*. Under professional supervision, these specialists perform pharmaceutical duties within their scope of duties.

g. *Laboratory Services*. This section augments the laboratory services (HUB) and assists in all laboratory functions, except pathology, for all hospital areas. The staff is composed of a microbiologist, a biochemist, and medical laboratory specialists (Table 3-39).

*Table 3-39. Laboratory Services Organization*

LABORATORY SERVICES			
MICROBIOLOGIST	CPT	71A67	MS
BIOCHEMIST	CPT	71B67	MS
MEDICAL LABORATORY SPECIALIST	SGT	91K20	NC
MEDICAL LABORATORY SPECIALIST	SPC	91K10	(2)
MEDICAL LABORATORY SPECIALIST	PFC	91K10	(3)

(1) *Microbiologist (71A67)*. This officer is responsible to the Chief, Laboratory Services, HUB. He conducts and directs the performance of more extensive, highly complex microbiology procedures in the augmented laboratory. He provides technical consultation to the primary care provider and others in the AO and coordinates with supporting organizations such as TAML for the evaluation of biomedical specimens for exposure to biological warfare agents.

(2) *Biochemist (71B67)*. This officer is responsible to the Chief, Laboratory Services, HUB. He conducts and directs the performance of highly complex clinical chemistry tests in the augmented laboratory. He provides technical consultation to the primary care provider and others in the AO and coordinates with supporting organizations such as the TAML for the evaluation of biomedical specimens and environmental specimens for the exposure to chemical/biological warfare agents and for clinical diagnosis.

(3) *Medical laboratory specialist (91K20/10)*. These laboratory specialists work under the supervision of the medical laboratory NCO (91K30), HUB. These specialists perform the full array of clinical laboratory procedures and assists the biochemist in the performance of more complex clinical chemistry tests in the augmented laboratory.

h. *Radiology Service*. This section augments the radiology service (HUB) (paragraph 3-4x, Table 3-33) and assists in the 24-hour operation of that section. Staffing includes radiology specialists (Table 3-40). These specialists perform duties within their scope of training under the supervision of the radiology NCOs.

Table 3-40. Radiology Service Organization

RADIOLOGY SERVICE		
RADIOLOGY SPECIALIST	SPC	91P10
RADIOLOGY SPECIALIST	PFC	91P10

i. *Patient Administration Division.* This section provides patient administrative services to augment the PAD (HUB) (paragraph 3-4e, Table 3-5). The staff is composed of the patient administration NCOs and specialists (Table 3-41).

Table 3-41. Patient Administration Division Organization

PATIENT ADMINISTRATION DIVISION			
PATIENT ADMINISTRATION NCO	SSG	71G30	NC
PATIENT ADMINISTRATION NCO	SGT	71G20	NC (5)
PATIENT ADMINISTRATION SPECIALIST	SPC	71G10	(6)
PATIENT ADMINISTRATION SPECIALIST	PFC	71G10	(5)

(1) *Patient administration noncommissioned officer (71G30).* This NCO is responsible to the patient administration NCO for patient administration and disposition procedures, inpatient records, and security of patients' personal effects. He works in concert with the supply sergeant (company headquarters) on reequipping the RTD soldier. He also supervises the application of the TAMMIS for the MEDPAR System and for the MEDREG System.

(2) *Patient administration noncommissioned officers (71G20).* These NCOs are responsible to the patient administration NCO for implementing the TAMMIS-MEDPAR and TAMMIS-MEDREG for the hospital. They process correspondence received for admissions and dispositions, medical regulating, decedent affairs, and medical information. These NCOs also assist in supervising subordinate specialists.

(3) *Patient administration specialists (71G10).* These specialists are responsible for processing all admissions and dispositions, operating TAMMIS equipment, managing medical records, preparing statistical reports, conducting decedent operations, securing patient baggage and valuables, and preparing patients for evacuation.

*j. Physical Therapy/Occupational Therapy Service.* This section provides inpatient physical therapy/occupational therapy services and consultation for patients. The primary wartime role of this section is evaluating and treating neuromusculoskeletal conditions and providing burn/wound care to patients with potential for RTD within the theater evacuation policy. During mass casualty situations, physical therapy/occupational therapy personnel may be utilized in managing minimal or delayed patients, or augmenting the orthopedic staff. The staff is composed of an occupational therapist, a physical therapist, and occupational and physical therapy NCOs (Table 3-42).

Table 3-42. *Physical Therapy/Occupational Therapy Service Organization*

PHYSICAL THERAPY/OCCUPATIONAL THERAPY SERVICE			
OCCUPATIONAL THERAPIST	CPT	65A00	SP
PHYSICAL THERAPIST	CPT	65B00	SP
OCCUPATIONAL THERAPY SERGEANT	SGT	91B20	NC
PHYSICAL THERAPY SERGEANT	SGT	91B20	NC

(1) *Occupational therapist (65A00).* This officer is responsible to the designated physical therapy/occupational therapy section chief. He plans, implements, and supervises occupational therapy programs upon referral from medical officers in the hospital and other MTFs. The primary wartime role is upper extremity neuromusculoskeletal skills evaluation and treatment; prevention and treatment of combat stress and battle fatigue; and reconditioning and treatment to increase physical fitness, duty-related skills, and work performance to minimize RTD time.

(2) *Physical therapist (65B00).* This officer is responsible to the designated physical therapy/occupational therapy section chief. He implements the physical therapist’s plans and supervises physical therapy programs upon referral from medical officers in the hospital and other MTFs. His primary wartime role is to provide burn and wound care and evaluation and treatment of patients with neuromusculoskeletal conditions to minimize RTD time.

(3) *Occupational therapy/physical therapy sergeants (91B20).* These sergeants are responsible to the section NCO. They provide occupational/physical therapy treatment to patients within their scope of practice. These NCOs hold the respective ASIs N3 (occupational therapy specialty) and N9 (physical therapy specialty).